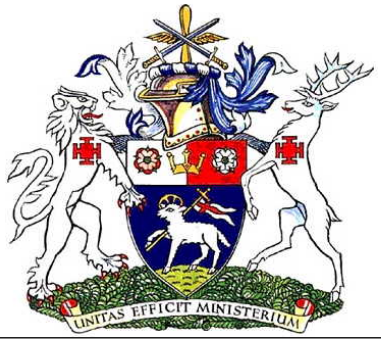	**Adults and Safeguarding Committee** **20 September 2018**
Title	**Adult Social Care: responding to winter demand**
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Jon Dickinson, Assistant Director Adult Social Care, 020 8359 4871 jon.dickinson@barnet.gov.uk

Summary

At a previous committee meeting, members of the Adults and Safeguarding Committee asked for a report on how services respond to increased demand over winter, including from the NHS; and local performance on Delayed Transfers of Care (DTOC). This report presents this information for the committee's consideration.

Officers Recommendations

1. **That the Adults and Safeguarding Committee notes the work carried out by Barnet's adult social care services to prepare for and respond to additional demand over winter.**

1. WHY THIS REPORT IS NEEDED

1.1 This report provides the Adults and Safeguarding Committee with information on the work being carried out by Barnet Council's adult social care services on winter demand.

2. REASONS FOR RECOMMENDATIONS

National Context

2.1 Recent winters have seen NHS A&E services come under considerable pressure and 2017 was one of the most challenging known to the sector. With no significant flu outbreaks or prolonged periods of poor weather, it was difficult for many national experts to explain the high numbers of attendances to A&E departments or the increasing length of stay of patients admitted into hospital beds. Hospital performance against the national 4-hour standard in emergency departments declined. Nationally, there was growing attention paid to the numbers of people remaining in hospital once deemed to be 'medically fit' to go home. These individuals would be considered to be a 'delayed transfer of care' due to being delayed from leaving hospital for a variety of reasons. Most people leaving hospital do so with no follow-on support from health or care services. However, some people's discharge from hospital may be delayed due to the need to arrange out of hospital health care, social care, or for other reasons such as housing.

2.2 Between 2012/13 and 2016/17, the number of attendances at A&E departments increased by more than 1.6 million (7.5 per cent) and the number of emergency in-patient admissions from A&E increased by more than 481,000 (12.8 per cent). Between September 2016 and September 2017, emergency admissions to hospital increased by more than 3%.

2.3 The national A&E performance standard is 'no less than 95% of patients attending A&E to be admitted, transferred or discharged with 4 hours'. This standard was met nationally in 2012/13 (95.9 %) and 2013/14 (95.7 %) but has been missed for the past three years, with performance deteriorating each year to 89.1% in 2016/17. Over the second quarter (July to September) of 2017/18, 90.1% of patients were seen within four hours, a slightly worse performance than the same period last year. For major A&E departments (those providing 24/7 consultant-led care), performance was worse, with only 85.2% of patients spending less than four hours in A&E.

Delayed transfers of care

2.4 NHS Trusts are responsible for submitting the information for the national performance dataset on delayed transfers of care to NHS England each month. The data attributes delays according to which sector is responsible for the delay

– NHS, Social Care, or joint responsibility – and provides a reason for the delay, such as time taken sourcing care or carrying out an assessment. The council reviews and agrees this data before it is submitted for every local in-patient site. Local in-patient sites are run by the Royal Free London NHS Foundation Trust (RFL), Central London Community Health NHS Trust (CLCH) and Barnet, Enfield and Haringey NHS Trust (BEHMHT). In addition, the council requests weekly 'sitreps' (situation reports giving a snapshot of performance in that week) from four out-of-borough Acute Trusts, with hospitals located close to the London Borough of Barnet. These are:

- London North West University Healthcare NHS Trust
- North Middlesex University Hospital NHS Trust
- University College London Hospital NHS Foundation Trust
- Whittington Healthcare NHS Trust.

2.5 Processes are in place with all these Trusts to ensure that the nationally submitted performance data is agreed as correct by the council. The local data is checked and challenged by practitioners, ensuring that the category and attribution is reported correctly. The monthly count is then mutually agreed by both the local authority and the Trust before submission to NHS England is made by the Trust within specified timeframes. The regular monitoring of notifications and weekly 'sitreps' also assists with resource allocation and early intervention to support hospital discharges.

2.6 In response to concerns about delayed transfers of care, each health and care system in England was set a national target for delayed transfer of care. Health and care systems are defined by local Health and Wellbeing Boards. The target is measured using a rate of 'delays per day per 100,000 population'. This is the average number of people whose transfer of care has been delayed each day in that month, converted into a standardised rate per 100,000 population. This data, which is available on the NHS England (NHSE) website, is reported six weeks in arrears. Barnet's original target, set in 2017, was 9 days per day, with adult social care's element of the target being to achieve 2.6 days per day per 100,000 population by September 2017 for social care delays. The council achieved this target, reducing social care delays from 6.6 delays per day per 100,000 population in July 2017, when the targets were set, to the target level. Barnet has consistently maintained this achievement against target since then for social care delays. For 'joint' delays (where social care and the NHS both take responsibility), the target was set at 0.97 delays per day per 100,000 population. In July 2017 joint delays were at 0.75 delays per day per 100,000 population, already achieving the target level, and remained below that level for 10 months out of the 11 since then.

2.7 The targets have been achieved through a mixture of service improvement, use of the Improved Better Care Fund and crucially, work with NHS Trusts to ensure that national performance data is accurate. In 2017, a detailed analysis of NHS data carried out by council officers showed that some NHS organisations had been submitting national performance data which inflated the number of delays attributed to Barnet Council. These reporting errors have been rectified, making a significant positive impact. Our historical resubmissions for attribution and accuracy in count resulted in an overall reduction of 234 days delayed between April 2017 and February 2018 for social care delays. This has contributed to Barnet's now ranking in the second quartile. Barnet has performed better than the target in all months so far in 2018/19.

2.8 Targets have been refreshed for 2018. From July 2018, Barnet's adult social care target has been set at 2.03 delays per day per 100,000 population for social care and 0.35 delays per day per 100,000 population for joint delays, with a total system target of 6.8 delays per day per 100,000 population. Barnet's reported performance in June 2018 was 1.32 delays per day per 100,000 population for social care.

Local and national comparators

2.9 In July 2017, when the targets were set, Barnet ranked 122nd out of 151 local authorities nationally. By March 2018 we had improved to a ranking of 75th. We maintained improved performance and continued to rank in the second quartile of all local authorities despite increased pressures due to the onset of winter.

2.10 Barnet is currently 15th out of 32 London boroughs as at June 2018 and is performing better than comparator group, London and national averages for social care delays. For June 2018, the total rate of delayed days in Barnet was lower than the comparator group average rate of 2.03, the London average rate of 1.79, and the national average rate of 3.0.

3. WORKING WITH THE NHS

3.1 Barnet's Adults and Communities service works with different NHS Trusts on urgent care and hospital discharge, as Barnet residents may be admitted to many different hospitals inside or outside the Borough. Within the borough, the council has Adult Social Care teams working at all the main hospital sites, which are listed below:

- Royal Free NHS Foundation Trust:
- Barnet and Chase Farm Hospital
- Royal Free Hospital
- Chase Farm Hospital

Central London Community Healthcare NHS Trust (CLCH), non-acute community health services:

- Edgware Community Hospital
- Finchley Memorial Hospital

Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), non-acute mental health services based at the Springwell Centre on the Barnet Hospital site and the Dennis Scott Unit based at Edgware Community Hospital.

3.2 In recognition of the increased pressure on NHS services and the national target, the council has worked closely with the NHS and social care providers to ensure that residents are discharged from hospital safely and promptly. The service achieved improved assessment times and minimised delays that had been caused by equipment and provision of care. This included discussions with providers about improved responses e.g. care home managers needing to assess and admit patients with improved turnaround times.

3.3 The Council worked with the NHS to establish the new 'discharge to assess' service, assessing people outside of the hospital environment. LBB also commissioned more care hours to support this new way of working.

3.4 Reablement pathways were reviewed and improved, with social workers reviewing individuals earlier and encouraging independence. This released the necessary capacity to meet the increased demand in the market.

3.5 Social Care senior managers and operational leads worked on improving relationships with key NHS partners by attending all strategic and operational meetings. Barnet have been present at all the Multi-Agency Discharge Events (MADE) that have taken place across the acute sites.

3.6 Officers have worked with partners in Health to develop clear and agreed process for discharge. This includes input into choice protocol documentation, which puts the onus on the patient and family to make decisions on their future when ready for discharge.

3.7 Training and coaching has been delivered to all hospital managers and lead practitioners to allow them to develop their resilience and improve their teams and relationships with key partners.

3.8 Briefings have been given to all staff across the department about hospital performance and good news stories have been celebrated and shared with staff through 'in-house' communications.

3.9 Other enablers for effective hospital discharge include making full use of commissioned services such as telecare and equipment. In addition, as many social care discharges are to care and nursing homes, the council has been

carrying out specific work with care and nursing homes to improve quality, prevent admissions to hospital from care homes and make discharge back to homes smoother:

a. Significant Seven - Training is currently being provided to over 90% of care staff within older adult care homes in Barnet. This training supports the identification and management of individuals with deteriorating conditions within the home and preventing hospital admissions. This training is funded by BCCG but provided by the LBB Care Quality Team staff.

b. Capital Nurse projects – There are a number of national initiatives aimed at enhancing the skills of nurses in care homes as well as improving retention rates amongst this key group of staff that the team is supporting; these include 'Passport into Leadership', student nurse rotations in care homes and supporting nurses who have qualified in other countries to gain their PIN numbers. Having highly skilled, confident nurses within the homes can prevent the need for some hospital admissions. Again the LBB Care Quality Team are actively involved in driving this programme forward locally across Barnet.

c. End of Life Care – This is an area that the sits predominantly with Barnet CCG, however the Care Quality Team is currently supporting a pilot project (in two care homes) currently being run by a local GP and funded by the Barnet Community Education Provider Network (CEPN). Additionally, the team is working with colleagues across the North Central London region to explore how there can be a better, more consistent approach to advanced care planning and end of life care within care homes across the region. Effective knowledge and management of end of life care can significantly reduce the need to seek hospital admissions.

d. Red Bag project – This has been implemented by the Care Quality Team. There is clear evidence from NHS England's Vanguard sites (sites which test out innovations in health care) that the use of Red Bags can significantly reduce the length of hospital admissions for people living in care homes. The bag accompanies a resident to hospital and clearly identifies the person as coming from a Care Home thus raising awareness to hospital and ambulance staff. It keeps important information about a Care Home resident's health in one place which helps ambulance and hospital staff determine the treatment that a resident needs more effectively. The standardised information includes the resident's general health, any existing medical conditions they have, and highlights their current health concern. It also has room for personal

belongings (such as clothes for use while in hospital and for discharge, glasses, hearing aid, dentures, etc). It stays with the patient whilst they are in hospital. When the resident is ready to go home, a copy of their discharge summary will be placed in the Red Bag. The Care Home staff will have immediate access to this important information when their resident arrives back home.

3.10.1 The Council also runs a 'Keep Warm and Well' programme. Since 2011 the Keep Warm and Well programme has acted as a one stop shop for information/advice regarding how to stay well during cold weather. They offer Winter Warm packs which include items such as blankets, hats, gloves, hot water bottle, thermos cup and a thermometer to vulnerable residents. In the last winter over 200 of these packs were provided to Barnet residents, by the Keep Warm and Well Officer, Social Care Staff, Barnet Homes and other local partners.

3.10.2 Adult and Communities in partnership with Argenti Care Technology and key NHS Teams at Barnet General Hospital, Royal Free Hospital and Edgware Community Hospital launched an innovative new approach to supporting Adults on discharge or admission avoidance pathways. Adults who are a high priority for discharge home or who are at risk of needing to be admitted to hospital are the first in the country to be supported by a telecare device which constitutes a 2-way voice communication and built in falls detector. Over 70 Adults have been supported using these devices since January 2018 and there are several examples of where the Adult has alerted the monitoring centre for support and direct assistance has been provided which enabled the adult to stay at home.

Lessons Learnt from last Winter

3.11 Representatives from all key Health and Social Care organisations came together in Summer 2018 to look back on the recent Winter/Spring performance and look to see what worked well and what could be improved on. A subsequent report was published and work is taking place to address the lessons learned in advance of winter 2018. The review identified that good partnership working was evident across the system and positive relationships are present at Urgent Care Boards. Areas being addressed include:

- Defining optimum services for the weekend – this does not mean replicating the delivery pattern of Monday to Friday.

- GP's feedback that there was not enough communication about the range of services available.

- Improving how people access urgent services. With many services being delivered by different organisations, it is important that more choice doesn't lead to more confusion

- Communications to the public regarding alternatives for A&E for need to be clearer and more frequent. Barnet Healthwatch have been tasked to help develop the message.

- Consider asking Barnet Healthwatch to undertake a survey of A&E patients so that the reasons for choosing A&E are better understood.

- Consider if GPs are going into care homes systematically in order to avoid potentially unnecessary admissions.

- Care home staff have not always been sufficiently involved in planning, and should be an integral part of the collaborative effort.

- Given that only around 40% of RFL's patients are from Barnet CCG area, it is important to work with neighbouring CCGs and to ensure messages about services are reaching patients/public who are not Barnet residents.

- Workforce capacity is a challenge, therefore consider a shared approach to the recruitment and supply of certain staff groups, e.g. OTs, HCAs, etc.

4 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Not applicable

5 POST DECISION IMPLEMENTATION

Work with the NHS and care providers to support hospital discharge and prepare for winter 2018 will continue.

6. IMPLICATIONS OF DECISION

6.1 Corporate Priorities and Performance

The work being carried out by Adults and Communities with regard to improving performance with Health Partners reflects the vision in the Corporate Plan 2015-20. This document states that Health and Social Care Services will be Personalised and Integrated, with more people being supported to live in their own homes.

The paper also reflects the fact that the London Borough of Barnet is committed to implementing its vision for adult social care, which is focused on providing personalised, integrated care with more residents supported to live in their own home. The council will also invest in effective telecare, housing adaptations and community support to achieve this.

There is also clear evidence to correlate with the aims stated in the 2018/19 addendum to the Corporate Plan. This document states that 'Over the next year we will also be enhancing health care support to care homes to avoid unnecessary hospital admissions and support people in the last phase of life. We are implementing the 'Red Bag' Initiative which ensures an agreed set of key documents, personal items and medication accompanies people from care homes to and from hospital in a clearly identifiable red bag to facilitate smooth hospital admission and discharge.'

6.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

6.2.1 Funding for the hospital social work teams of £995K per annum is built into the Adults and Communities base budget. This covers management and staffing costs across the teams.

6.3 **Social Value**

6.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

6.4.1 **Legal and Constitutional References**

The Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Article 7, Committees, Forums, Working Groups and Partnerships). The Adults and Safeguarding Committee has the following responsibilities:

(1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
(2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly, joined up with public health and healthcare and promote the Health and Well Being Strategy and its associated sub strategies.
(3) To submit to the Policy and Resources Committee proposals relating to the Committee's budget for the following year in accordance with the budget timetable.
(4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
(5) To receive reports on relevant performance information and risk on the

services under the remit of the Committee.

6.5 **Risk Management**

The council has an established approach to risk management, which is set out in the Risk Management Framework. There is a risk captured related to unpredictable surge in demand across Health and Social Care (AC004).

6.6 **Equalities and Diversity**

6.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the council to have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those covered by the Equalities Act and those not covered e.g. between disabled and non-disabled people; and foster good relations between these groups. The protected characteristics are age, disability; gender reassignment; pregnancy and maternity; religion or belief; sex; sexual orientation.

6.6.2 By section 149(2) of the Equality Act 2010, the duty also applies to 'a person, who is not a public authority but who exercises public functions and therefore must, in the exercise of those functions, have due regard to the general equality duty'. This means that the council, The Barnet Group LTD, Your Choice (Barnet) Limited and Barnet Homes LTD will need to have regard to their general equality duty.

6.7 **Corporate Parenting**

6.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to this report.

6.8 **Consultation and Engagement**

6.8.1 Not Applicable

6.8.1 **Insight**

6.8.2 Not applicable

7. BACKGROUND PAPERS

7.1 None