

1. Introduction

This paper covers a range of issues in relation to matters of interest to the Health and Adult Social Care Policy and Scrutiny Committee as set out below:

- **Vale of York Clinical Commissioning Group (CCG) 2017/19 Operational Plan** (see Annex 2 for detailed overview).

A 3-page overview of the Plan received by the CCG Governing Body at its meeting in January 2017 is provided for information for the Committee.

The plan sets out the key areas of focus for the CCG in the next two years and identifies the organisation's priorities that will support delivery during this period. This work is integral to the Vale of York 'Local Place' Programme that fits within the wider Humber, Coast and Vale Sustainability and Transformation Plan.

- **Delayed Transfers of Care** (see Section 2 of this paper)
- **Continuing Health Care** (see Section 3 of this paper)
- **Partnership Commissioning Unit** (see Section 4 of this paper)

2. Delayed Transfers of Care (DTOCs)

Background

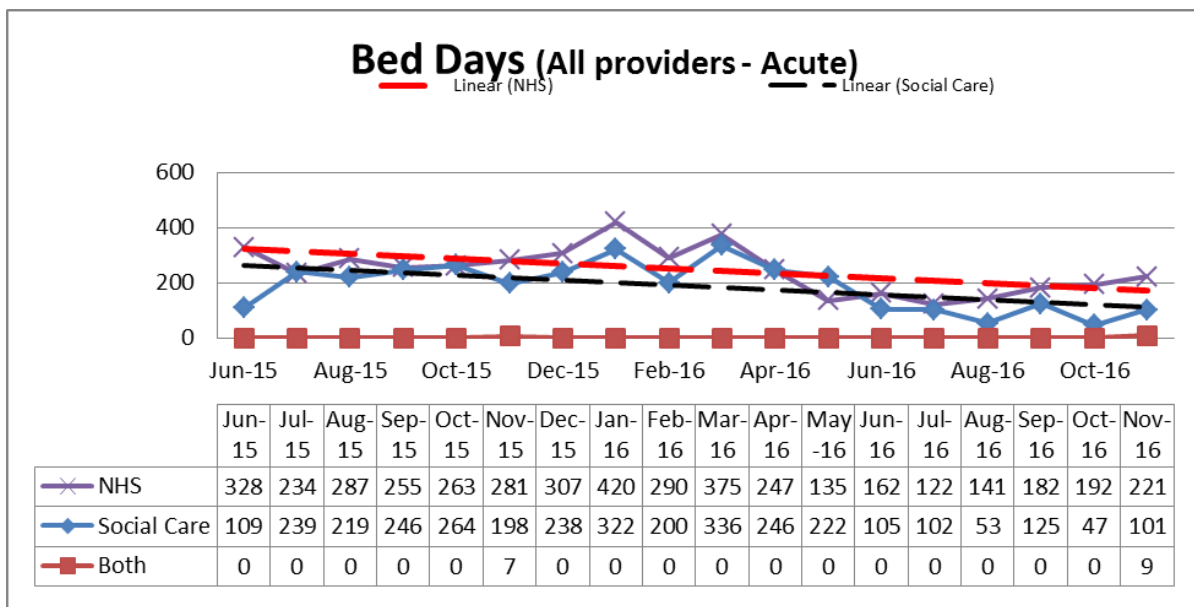
In general terms, the definition of a DTOC relates to the numbers of days that patients remain in an in-patient bed beyond the time when they have been assessed and categorised as medically fit for discharge.

Performance measures relating to this general description are classified as either a 'health/NHS' delay or a 'social care/Local Authority' (LA) delay. The classification of where the delay sits is considered against a number of national defined criteria as set out in Appendix 1.

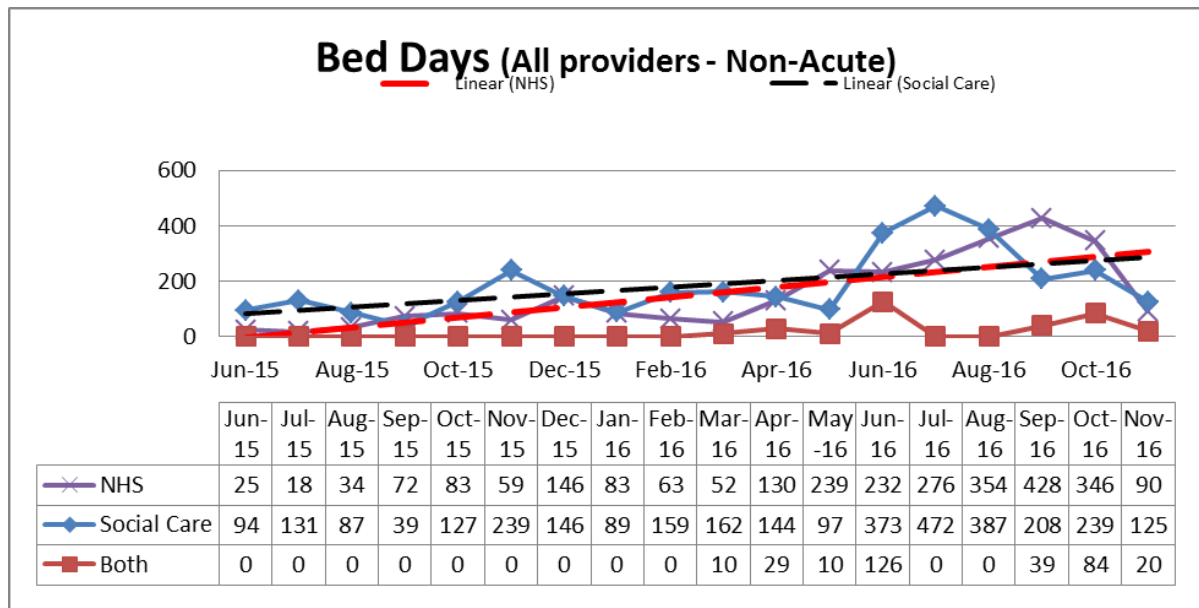
Performance reporting is undertaken via both a health and social care route on a daily basis which means that activity data is constantly changing and linked specifically to individual people. This means that the operational changes that happen within the health and social care settings impact on the performance picture at a CCG level and then need to be aligned to the relevant local authority.

Weekly meetings are held with input from all relevant partners to agree the reported national weekly figure for delays assigned as either health/NHS or social care/Local Authority and work collaboratively to ensure the correct packages of care are put in place to move people on safely.

The tables below show performance for the City of York population from June 2015 through to November 2016. This data is the latest available public data and demonstrates an improving position in acute over the whole period and a similar picture in non-acute DTOCs following a spike in 2016.



***All providers – acute refer to general hospital bed delays**



***All providers – non-acute refer to mental health and adult community hospital bed delays**

The non-acute (mental health) figures have been adversely impacted by the change in Tees Esk and Wear Valleys (TEWV) reporting with effect from July 2016 when there was a marked increase in the number of DTOCs being reported for the York mental health units. This has also impacted on the overall capacity in the system to provide packages of care and nursing/residential placements and accounts for the subsequent increase in acute delays from September 2016 as both acute and non-acute patients use the same providers.

Current issues impacting on performance:

- Care home providers in York have difficulty recruiting both nursing and care staff and this impacts on bed capacity across the City
- There are a high number of self-funders in York and not all care homes accept the current local authority funding rates
- There is a shortage of elderly dementia nursing beds across the City of York
- Continuing Health Care (CHC) brokerage is not as effective as it could be and cannot always find accommodation for CHC patients with complex behaviour and nursing needs because of the market position
- Tees Esk & Wear Valleys NHS Foundation Trust (TEWV) have been more pro-active in reporting DTOCs since July 2016 and this has highlighted a number of delaying patients with long lengths of stay at Cherry Trees and Meadowfields in York. These delays are now being tracked at the weekly meeting and TEWV are working with the Local

Authorities and CHC teams to find alternative accommodation for these complex patients

- Worsley Court closed on 23 December 2016 and all patients have been relocated

To address these issues a number of mitigating actions are in place as follows:

- Discharge to Assess Pathway 1 'Home First – Supported Discharge' has been rolled out as business as normal and has helped to reduce the number of patients delaying in acute beds at York Hospital
- City of York Council (CYC) commissioned 2 new care providers and this has helped to reduce the delays with home care packages in York
- CYC have increased the number of 'step down' beds in the LA homes and, when appropriate, these beds are used by patients who are medically fit but awaiting home care packages
- The CCG block purchase 4 'step down' beds at Fulford Nursing Home and these are used to prevent hospital admissions
- Following a refurbishment, Peppermill Court re-opened on 10 October 2016 and provides both male and female inpatient mental health beds in York
- Patient Choice - York Hospitals NHS Foundation Trust (YHFT) have a number of patients delaying in acute beds whilst they wait for their preferred care home. YHFT is now implementing the 'Joint Transfer of Care Policy' and is formally writing and discussing alternative options with these patients in order to facilitate their discharge
- Community Discharge Liaison Team pro-actively 'pull' patients out of the acute beds and relocate them to community hospitals for rehabilitation
- Discharge Liaison Officers now work on the elderly wards to assist with patient discharges
- YHFT Discharge Lounge is used to accommodate patients waiting to be discharged in order to free up beds earlier in the day
- Age UK provide patient transport from the Discharge Lounge and take patients home and settle them in
- Weekly meetings are held with YHFT and TEWV with input from LAs to monitor progress and follow-up complex cases, which is underpinned by a jointly agreed DTOC action plan

DTOC Summary

Performance data shows a position which continues to improve with further reduction in numbers of DTOCs in a non-acute setting which is bringing the overall DTOC numbers for the York population down to single figures on a regular basis.

3. Continuing Health Care and Partnership Commissioning Unit

Background

'NHS Continuing Healthcare' (CHC) is a package of care (outside hospital) arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. CHC can be provided in a range of settings including a care home, hospice or a person's own home.

Measures of activity

There are two key measures associated with CHC funding data:

- **Number of patients newly eligible during the quarter;** this is a unique count of new patients granted eligibility for CHC during the reporting quarter
- **Number of patients eligible as at the end of the quarter ("snapshot activity");** this is a unique count of patients eligible for NHS CHC on the last date of the reporting quarter.

Current issues affecting performance

There is an overlap of some of the issues highlighted in relation to DTOC and system pressures as summarised below:

- Care home market/provision
- CHC processes and systems (brokerage)
- Patient choice

In addition to these points, current practice means that a significant number of assessments for CHC are carried out within a hospital setting.

Legislation and guidance require that, if there may be a need for CHC this must be a consideration as part of hospital discharge planning. The guidance that underpins CHC suggests that local arrangements should facilitate timely transfer from hospital. It also sets out that the assessment should be undertaken at a time and location that can facilitate planning for long term care needs and not in hospital.

There is also an expectation that CCGs will put in place arrangements to ensure that the majority of full assessments for CHC are undertaken in an appropriate setting and are undertaken in a timely manner. This may include some form of interim arrangement or support to recover at home as appropriate such as therapy, rehabilitation, intermediate care or an interim package of support in an individual's own home or in a care home.

From April 2017, information on the location of the full assessment for CHC will be collected on a routine basis as part of the overall collection of information on CHC. The latest national guidance indicates that no more than 15% of patients should have their assessments in hospital.

Another issue which is of concern is the current pressure on CHC reviews and the timescales required in this regard which means that people's needs, and associated funding, may not be adjusted on an annual basis.

What is being done to address these system issues?

In addition to the mitigating actions highlighted above in relation to DTOCs, a programme of quality improvement for CHC is underway including workshops with partners, independent external advice and support, and a programme of work to align to best practice including taking part in the new National NHSE CHC Improvement Collaborative.

CHC assessments continue to be prioritised, workforce aligned and daily liaison with partners. In order to deliver the target required for assessments not being taken in hospital the further development of 'discharge to assess' pathways is needed. This is reliant on agreement between CCG and local authority partners to fund patients 'without prejudice' until assessments are undertaken, at the right time in the patients pathway, and decisions for funding agreed. The CCG is progressing these discussions.

There is a perception that there is pressure on the wider health and care system that there are also problems with (1) delay in payments and (2) lots of people waiting for CHC assessments. This perception may be as a result of the complex nature of health and social care responsibilities in

this arena. Reviewing information that is currently captured through routine reporting frameworks does not support these perceptions.

CHC Summary

Issues across the wider health and care system are impacting on the flexibility for commissioners to secure some residential and nursing home packages of care. Further work needs to be done to develop options that ensure people are able to secure a place that appropriately meets their needs. Partners recognise this and will continue to work together to address this challenge.

4. Partnership Commissioning Unit (PCU)

The PCU is a service that supports the CCG in delivering its commissioning responsibilities. The PCU was established as a local arrangement across a number of CCGs to augment the more general commissioning support arrangements at the time of transition from Primary Care Trusts (PCTs) to CCGs.

The range of services covered within this arrangement for the CCG includes:

- Mental Health
- Learning Disabilities/Transforming Care Programme
- Continuing Health Care
- Funded Nursing Care
- End of Life
- Personal Health Budgets
- Adult Safeguarding
- Children's and Maternity
- Legal Services
- Estates

There have been recent discussions across CCG partners about this arrangement and whether it remains in line with commissioners' needs. This consideration has led to a consideration of a range of options in terms of how the resource within the PCU is organised.

An 'in principle' set of agreements about how the various service lines can be realigned more directly to CCGs has been reached. The associated changes are being developed into a consultation report which will then be

taken forward in discussion with the current staffing resource. It is anticipated that changes to the current arrangements will happen as soon as is practicable but there may be a phased approach, dependent on the consultation exercise.

The issue of delays in undertaking CHC reviews is recognised as an issue for both health and social care. Capacity is currently focused on undertaking assessments and this will need to be considered further once the detailed changes in the PCU are considered within the consultation exercise.

PCU Summary

Commissioning arrangements relating to the service lines have been considered within the current PCU arrangements. A staff consultation exercise is currently underway to support a revision to arrangements for some service lines. A phased approach to any change is likely to be adopted.

The Committee are asked to:

Note the issues and corresponding actions set out in this paper.

List of DTOC criteria for delay categorisation

Criteria	Code
Awaiting completion of assessment	A
Waiting public funding	B
Awaiting further non- acute NHS care	C
Awaiting residential home placement or availability	D1
Awaiting nursing home placement or availability	D2
Awaiting domiciliary package	E
Awaiting Community equipment	F
Patient/family choice	G
Disputes	H