

# Audit Committee

AC(3) 08-08 (p2): 17 July 2008

## Response to the report of the National Assembly Audit Committee's report on Delayed Transfers of Care: Committee Report AC (3)

I welcome the findings in the report that recognise the complexity of delayed transfers of care (DToc) and how this influences the nature of the Government's response.

There are 3 levels of response, reflecting the strategic, policy and process issues identified. The strategic response is found in the implementation of key overarching strategies such as Designed for Life, Fulfilled Lives, Supportive Communities and the National Service Framework for Older People. The detailed policy response is embedded in a diverse range of policy areas to ensure that the varied causes of delays are appropriately addressed across the whole system. For example, specific policy attention is being given to continuing NHS healthcare, commissioning and service planning, joint working, the management of chronic conditions and the development of the workforce. Finally, issues specific to delayed transfers of care also need to be addressed, such as local agreements and choice.

My response to the fourteen recommendations reflects the whole systems approach necessary to address delayed transfers of care adopted in the Audit Committee Report.

In developing this response, I have also been mindful of the findings and recommendations in the reports of the Wales Audit Office, who conducted work in 2007 in the three poorest performing communities in Wales, and the Independent Review conducted by the Welsh Institute of Health and Social Care which conducted their Review on an all Wales basis, and reported in early 2008.

Audit Committee members will be aware of the key messages of the Independent Review:

That the headline figures conceal significant local variation

That the national trend is significantly influenced by the position in a small number of areas, particularly Cardiff

That there is no single variable, or group of variables, that explain the level of delayed transfers of care across Wales - different local areas face differing reasons for delay.

That the policy framework is generally clear, with current guidance already placing a requirement on public sector agencies to work together, and that mechanisms already exist at an all Wales level for inclusive policy development.

The Review found that the over arching Implication of these findings is that delayed transfers of care are multi-factorial and are dependent on the situation locally, with no "one size fits all" solution that can impact across the whole of Wales.

Taking into account these findings, in addition to this response to the Audit Committee, I intend to take extra short-term locally tailored actions aimed at the poorer performing communities. My aim is to ensure that these communities are sufficiently focused on this area, and to reinforce my expectation that actions will be taken to ensure timely arrangements are in place to provide services as required for what are often vulnerable people. I will refer to these actions in my response.

### Recommendation 1:

There needs to be a clear local vision of service models that will promote the independence of vulnerable older people, supported by an appropriate central management framework.

Individual health and social care communities should develop a clear, shared vision of the pattern of services they require to operate successfully across the whole system.

We recommend that the Assembly Government's planned review of these strategies focuses on the adequacy and ambition of the proposals to address system weaknesses and to promote the independence of vulnerable older people. Trusts and relevant LHBs and councils should explore common needs across boroughs and seek to develop common service models wherever appropriate, with a particular view to developing more rational and sustainable intermediate care services.

### Recommendation Accepted

### Recommendation Response:

Local bodies will already have developed overall views on their services through developing their Health, Social Care and Well-being Strategies (HSCWBSs) and local responses to the National Service Framework for Older People. Local bodies hold statutory responsibility for developing and implementing their Health, Social Care and Well-being Strategies. Whilst the Assembly Government does not sign off these documents, they are kept under review and will be assessed by Regional Offices.

The reference in the recommendation to working across organisational boundaries has in part been superseded by the planned reconfiguration of NHS Wales, currently out to consultation. Following the consultation process, both the Assembly Government and

local bodies will need to review their overall approach to the work of their predecessor bodies and update it where necessary. It is likely though that the proposed new NHS structures will enable the planning of services across boroughs, due to the likely broader coverage of each organisation.

In addition to HSCWBSs, the specific needs of vulnerable older people are also addressed through other policies and strategies:

the National Service Framework (NSF) for Older People. This requires local partnerships to monitor progress via a self-assessment process. An annual report will also be published shortly.

A review has recently been completed of the Strategy for Older People. The aims have been refreshed to give additional emphasis to promoting independence. Local implementation plans should take account of these and the Assembly Government will receive reports on progress as part of the funding arrangements. The Care and Social Service Inspectorate and Health Inspectorate Wales are also undertaking a review of the NSF for Older People over the next 18 months.

The current work on long-term conditions (under the Chronic Conditions Model and Framework) will require local bodies to prepare local plans. These will focus local bodies on improving the delivery of integrated services working across organisational, professional and geographical barriers, to meet the needs of people with chronic conditions. This will include those adults who are more vulnerable and at high risk of admission and readmission to hospital. Plans will need to focus on the integration and strengthening of community-based services to ensure timely transfers of care from acute settings to the community and the delivery of appropriate rehabilitation and services to support independence.

## **Recommendation 2**

In regard to the fragmentation of intermediate care services....

We recommend that:

- a. LHBs should engage GPs more effectively in the whole system by simplifying pathways and making clearer the range of services available to support vulnerable older people's independence;
- b. Where GPs are not referring to intermediate care or other alternative services to hospital, LHBs should set up systems to work with them to promote a better understanding of the available alternatives to hospital admission; and
- c. LHBs should also seek to develop new mechanisms through which to share key information with partners about vulnerable older people; for example, LHBs and the Welsh Ambulance Service NHS Trust could share information about those who have fallen and refer them to a falls clinic.

## **Recommendation Accepted**

### **Recommendation Response:**

- a. Engaging GPs more effectively within the whole system requires the engagement and leadership of LHBs. The NSF for Older People requires that intermediate care services offer a single and easily available point of access and clear referral processes. LHB responsibilities in delivering this requirement are set out within the NSF, with progress monitored 6 monthly via a self-assessment tool. An annual report is to be published shortly, and the development of clearer guidance on commissioning during the next 6 months will also inform progress on this. In addition, further guidance on integrated planning will be developed when NHS reconfiguration has been confirmed.
- b. Designed to Improve Health and the Management of Chronic Conditions in Wales - an integrate model and framework for action provides a structured and systematic approach to aligning local needs with better commissioning and service delivery. It builds on developments to date, and sets out the key leadership role of LHBs in engaging all staff, including GPs and other primary care practitioners, in taking forward the requirements of the model, in order to provide more integrated and less fragmented services.
- c. I support the requirement that LHBs work to improve and develop the ways in which key information is shared between partners. Fulfilled Lives, Supportive Communities sets out a commitment to revisit the Unified Assessment Process, and how information is shared with partner agencies. The National Leadership and Innovations Agency for Healthcare (NLIAH) have recently completed a WAG commissioned piece of work to support effective discharge and transfer arrangements - Passing the Baton. This guide is being launched on 11<sup>th</sup> June and includes guidance on communication between agencies.

## **Recommendation 3**

The Assembly Government should align its guidance, budgets, priorities, performance measures and incentives more closely with its vision of the whole system, in particular by improving the current measurement systems which are inaccurate and understate the impact of delayed transfers of care.

Alongside this report and the report of the Auditor General, the Assembly Government should consider the findings of its independent review of delayed transfers of care and develop a new performance management framework that holds whole health and social care communities to account for the performance of the whole system by which provides sufficient flexibility for partners to develop shared joint targets. The framework should require local partners to develop shared joint targets. The framework should require local partners from health and social care to agree single, joint targets for delayed transfers of care, expressed in bed days. The Assembly Government should agree all such local joint targets.

## **Recommendation Accepted**

### **Recommendation Response:**

The principles outlined in the recommendation are supported, and Designed for Life and Fulfilled Lives, Supportive Communities already reflect the need to better align performance and delivery frameworks. Working within the current statutory arrangements, the development and role of Local Service Boards (LSBs) are the first stage of this process. Six demonstration sites are developing this work at present, and further actions related to this recommendation will be dependent both upon the outcome of this early work and the outcome of the NHS reorganisation proposals currently out to consultation.

## **Recommendation 4**

We recommend that the Assembly Government develops a more coherent framework within which local partners can develop their joint targets to promote independence and reduce the negative impact of delayed transfers of care. This framework should provide financial measures that facilitate and measure the impact of service change, and clear incentives for organisations to take a genuinely collaborative approach.

## **Recommendation Accepted**

### **Recommendation Response:**

A number of actions are being taken forward to address this recommendation:

Local Service Boards are the first stage in the development of joint targets. As with the previous recommendation, the six development sites will provide useful baseline information on the benefits of this approach, and will determine future direction.

Linked to my intentions to take additional actions in those communities that perform poorly in this area and report high levels of delays, I will be calling for communities to set joint DTtoC targets, as a first step towards shared action planning to deliver reductions. A process to ensure close scrutiny of actions and progress against these targets will also be put in place.

A research project has just been commissioned to evaluate the effectiveness of grant resources supporting joint working, and will examine the incentives and difficulties related to both formal and informal health act flexibilities arrangements, including formal and informal pooled budgets. This work is due for completion in the Autumn, and again will inform future actions.

The Assembly Government has in place a strategic group on long term care, chaired by the Director of Social Services for Wales, including a range of health and social care partners. An aspect of this group's terms of reference is to examine the framework for achieving better collaboration and to explore how the financial and performance requirements support that aim. The group is expected to report by the end of 2008.

## **Recommendation 5**

We recommend that while health and social care organisations should fully explore the possibility of pooling budgets to develop out-of-hospital services, this should explicitly support the development of future service models and stronger joint working across health and social care.

## **Recommendation Accepted**

### **Recommendation Response:**

The need to develop service models and stronger joint working arrangements is supported, and can be progressed through various means, with pooled budgets as one, but not the only, option. All of the Flexibility provisions enable and promote the development of new service models.

Specific to pooled budgets, Making the Connections" guidance on the use of Flexibilities has been developed. Also, CSSIW have commissioned Section 33 partnership templates as a tool to help people develop partnership agreements.

In order to support the current use of pooled budgets, I have commissioned an analysis of the current Joint Working Grant, with a specific focus upon both formal and informal pooled budget arrangements under the S33 Health Act Flexibilities arrangements. This is due to report in the Autumn.

The proposed reorganisation of NHS Wales currently out to consultation may impact upon both formal and informal pooled budget arrangements. If this is the case, further actions will need to be taken at the appropriate time.

## **Recommendation 6**

We recommend that the Assembly Government should consider whether its current structure provides a sufficiently coherent approach to developing the whole system across health and social care.

## **Recommendation Accepted**

### **Recommendation Response:**

A review and reform of the structure of the Department for Health and Social Services will follow the current consultation on NHS structures. This recommendation will be taken into account as part of this process.

### **Recommendation 7**

We recommend that:

- a. The Assembly Government should require local partner organisations to stop the use of such local agreements that delay the start of counting a delayed transfer of care;
- b. Trusts, LHBs and councils should count a delayed transfer of care from the date a patient is deemed ready for discharge and should focus their attention on the estimated date of discharge to ensure that appropriate services are in place to enable the transfer of care to take place on or around the estimated date of discharge; and
- c. The Assembly Government should produce guidance on acceptable response times to carry out assessments and to put arrangements in place.

### **Recommendation Accepted.**

### **Recommendation Response:**

In order to effectively performance manage DToCs, it is sensible that we should have one consistent and nationally agreed definition. This will enable true and accurate comparison of performance.

The Assembly Government recognises that removing the use of locally agreed timescales from the census will allow for like for like comparisons to be made across organisational and geographical boundaries. We will require that they are disregarded for the purpose of the census and that the ready for transfer to next stage of care begins on the date a patient is deemed by the multidisciplinary team as ready to move on to the next stage of care.

The use of estimated date of discharge (EDD) has been identified within a WHC in 2005, and will be restated within updated guidance to support the census. In addition, good practice guidance *Passing the Baton* is due to be launched in June 2008. This reinforces the use of EDD as a driver in delivering timely and effective discharge from hospital.

### **Recommendation 8**

Local partners should develop joint measures of outcomes for vulnerable older people as a way to measure the effectiveness of new models of service designed to promote independence and thereby to reduce the extent and impact of delayed transfers of care.

### **Recommendation Accepted**

### **Recommendation Response:**

Measuring outcomes is a complex issue and therefore CSSIW is supporting a pilot project to develop an outcomes based approach to the planning and delivery of services. This includes the development of a number of tools including a performance management framework focussing on outcomes and a set of performance measures linked to outcomes rather than outputs. The project is focussed in one local authority and not confined to services for older people. Nevertheless there is potential to use the learning from the project to contribute to the delivery of this recommendation. The conclusions of this will be available by the end of 2008, and will be considered in taking this forward.

### **Recommendation 9**

Whole systems leadership is needed to deliver the vision.

We recommend that the Chief Executives of each relevant NHS Trust, LHB and council within a health and social care community should meet to agree a clear strategic direction to address delayed transfers of care and their underlying causes.

### **Recommendation Accepted**

### **Recommendation Response**

The need for whole systems leadership and strategic direction in each health and social care community is accepted. As part of the immediate actions referred to in the introduction to this response, I will be reinforcing this requirement to each health and social care community, and will be requiring, at CEO level, the need to address DToC as a Ministerial priority.

In addition to this general reinforcement of responsibilities and the need to treat this as a priority area, additional immediate actions are to take place in those communities that consistently fail to improve performance in this key area.

This approach is proper and proportionate in that it recognises that the incidence of DToCs varies significantly across Wales, and will help

to inform the necessary approach in each community.

The need to use delay information at executive level in each organisation to drive improvement is recognised as essential.

### **Recommendation 10"**

Commissioning is under-developed and needs to ensure that health and social care communities have the appropriate capacity in a wide range of services that promote independence.

To address the current weaknesses in commissioning, we recommend that:

- a. LHBs and councils should apply the results of recent work on the joint commissioning of placements for children to the future commissioning of services for vulnerable older people;
- b. LHBs and councils should develop approaches to commissioning that focus on outcomes for vulnerable older people and include incentives for providers to maximise the independence of vulnerable older people;
- c. LHBs and councils should seek to manage the care home market much more actively, for example by increasing their purchasing power through collaborative commissioning and improving supplier's security of revenue through the development of preferred provider status;
- d. the Assembly Government should develop a common currency for out-of-hospital services to enable commissioners to develop more robust long-term agreements with providers, to facilitate the comparison and evaluation of costs and service quality, and to make it easier for local commissioners to identify and apply good practice; and
- d.the Assembly Government should identify opportunities to share good practice in commissioning and develop the capacity of local commissioners.

### **Recommendation Accepted**

#### **Recommendation Response:**

The weaknesses in the current commissioning processes are recognised and are being addressed through the proposed reorganisation and restructuring of NHS Wales, currently out to consultation.

Fulfilled Lives, Supportive Communities includes a commitment to issue statutory commissioning guidance later this year which will deliver improvements in social care commissioning processes.

The review of the Joint Working Grant process referred to in earlier recommendation responses will include consideration of how best to share good practice.

### **Recommendation 11**

LHBs and local authorities should produce clear strategies for the transfer of services from acute institutional settings to community and home-based services. The Assembly Government should consider pump priming such measures with ring fenced monies to provide sufficient capacity to remodel service provision without risking the safety of vulnerable older people.

### **Recommendation Accepted**

#### **Recommendation Response:**

The Chronic Conditions Management Service Improvement Plan (SIP) issued in January 2008 identifies key actions to improve chronic conditions management in the community and provides a framework and plan for a system wide change in services to happen and to be monitored.

Transitional funding of £15Million will be allocated to support the process of strengthening services for chronic conditions management in the community over the next three years. This will support service changes within a locally developed response to a national framework maintaining the integrity of services. Moving to new and more effective models of care for vulnerable people is also a cornerstone of the Social Services Strategy implementation programme.

HSCWBS guidance and the Community Services Framework have made clear expectations that local communities set out how they will manage this shift across the full range of relevant services.

The CCM Model and SIP will need to be delivered to realise the opportunities and ensure that community based services are strengthened. This will be driven forward in a number of ways: -

- (i) Local action plans to support the delivery of the CCM Model and Framework were completed in May 2008 and are currently being evaluated
- (ii) Preparatory work to analyse, scope and research future needs will be undertaken to inform local business cases for grant proposals for 2009/10

(iii) Funding will be provided to support the implementation of the model and framework and introduction of appropriate tools for delivery. This includes the roll out of the Predictive Risk Stratification Model (PRISM) which will help to stratify GP practice populations against their risk of having an emergency admission to hospital and ensure appropriate interventions are made to prevent avoidable admissions and to help stabilise people's conditions.

(iv) Preparation of evidence-based care to support service improvements and the transition of care into community settings.

## **Recommendation 12**

Processes must be strengthened along the entire patient pathway so that provision is centred on people's needs for care.

We recommend that the Assembly Government revises its guidance on Unified Assessment and produces new standard documentation that can be applied across Wales. The documentation that healthcare professionals need to complete should be shortened and make Continuing Healthcare and integral part of the single assessment process. The Assembly Government should improve the ability of organisations involved in the care of vulnerable older people to share information about the people they are caring for.

### **Recommendation Accepted**

#### **Recommendation Response:**

In partnership with NLI AH, work is underway to review specific elements of the UAP Guidance and to develop an outcome based planning approach to commissioning and service delivery. Work is also underway to assess the potential for 'national' specialist assessment documentation. At a national level existing processes and systems already incorporate Continuing NHS Health Care assessment and further work is needed following the current consultation process to embed this approach into core practice locally. The revised framework will be issued shortly and supported by a training programme. Improvements have been achieved within local authorities to share patient/service user information. Further development and work is required with health services.

UAP will also be reviewed as part of the implementation of Fulfilled Lives, Supportive Communities. Through this, the ability of organisations to share information about individuals will be enhanced. The strategy commits to creating a streamlined common assessment system drawing on the best of the existing Unified Assessment Process.

## **Recommendation 13**

We recommend that the Assembly Government produces a definitive choice policy, developed in consultation with representatives of older people and the care home sector, to be used across Wales. The policy should explicitly require health and social care staff to involve families and carers as early as possible in the episode of care to plan the individual's next stage of care and to provide sufficient time for families to make such an important choice.

### **Recommendation Accepted**

#### **Recommendation Response:**

Fieldwork conducted earlier identified that implementation of the choice guidance was patchy. Officials are therefore looking at options to re-enforce the requirements of the guidance.

Statutory responsibility for delivering this requirement rests with local government not WAG, but WAG will continue to support actions to deliver improved and timely access to required care for vulnerable people. This will include the production of further updated guidance to enable the matter of choice to be effectively addressed by local organisations and, using opportunities available via NLI AH and the SSIA, to encourage the sharing and development of best practice in this area.

## **Recommendation 14**

Health service and social care organisations need to develop their workforce to support a less risk-averse culture.

Trusts and councils should educate their staff about the risks of unnecessary institutional care and review pathways and policies for assessment and discharge so that staff feel sufficiently confident to explore safe options that avoid vulnerable older people being unnecessarily admitted to acute or residential care.

### **Recommendation Accepted**

#### **Recommendation Response:**

Both Designed for Life and One Wales commit to improving the workforce by the provision of appropriate training.

In addition, a range of initiatives are under development to help improve assessment functions and confidence in outcomes that challenges risk averse behaviour:

There is focussed work ongoing related to the workforce requirements to meet the Chronic Conditions Framework which will encompass the needs of older people in the community.

Commissioned by WAG, NLIAH has produced 'Passing the Baton', a good practice guide for effective discharge planning for health and social care. This is due to be launched on 11<sup>th</sup> June. Further work to develop a workbook and training/development package to support the guide is ongoing, and includes case studies and work based assignments that challenge risk averse behaviour.

The Nursing and Midwifery Council, UK Regulator for nurses, is currently developing guidance on caring for older people. This guidance will influence pre and post registration education as well as the practise of nurses caring for older people. Anticipated issue date is early 2009.

The Assembly Government expects that use of the Unified Assessment Process and joint training at a local level will enable staff to explore safe options that avoid vulnerable older people being unnecessarily admitted to acute or residential care.

In Wales, NLIAH has been undertaking a review of community nurse education to inform the commissioning requirements for district nurses and other community nurses for 2008/09. I have agreed that there will be a move towards a more flexible education provision with specific modules being made available to support care in the community. I have also agreed that a wider review of community nursing should be undertaken during 2008/09. Plans for this review are under development by Assembly Government officials.

Again supported by WAG, NLIAH has established a national discharge practitioner forum. This is open to all health and social care practitioners and will be taking forward ways to improve assessment and discharge pathways and roles.

In relation to the social care workforce, the Care Council for Wales is currently working on an action plan to meet the workforce needs set out in "Fulfilled Lives, Supportive Communities". A programme of work on care at home/promoting independence and a further programme on the social care interface will provide additional routes to enhance the workforce.