

**CABINET – 15 SEPTEMBER 2017****DELAYED TRANSFERS OF CARE****REPORT OF THE DIRECTOR OF HEALTH AND CARE
INTEGRATION AND DIRECTOR OF ADULTS AND COMMUNITIES****PART A****Purpose of the Report**

1. The purpose of this report is to update the Cabinet on the revised targets associated with improving delayed transfers of care (DTOC) which form part of Leicestershire's Better Care Fund (BCF) Plan for 2017/18 – 2018/19 set by NHS England. There are three separate but aligned BCF Plans for Leicester, Leicestershire and Rutland (LLR). The target for improving DTOC has been calculated across the three areas. The proposed actions in place to help meet the target and the associated implications for the Local Authorities and NHS partners across LLR are also detailed in the report.

Recommendations

2. It is recommended that the Cabinet:
 - a) Notes the target for improving performance on delayed transfers of care across Leicester, Leicestershire and Rutland by March 2018;
 - b) Notes the inclusion of specific investments to improve hospital discharge within the Better Care Fund (BCF) expenditure plan as detailed in Appendix A and paragraphs 21 – 23 of the report;
 - c) Notes the risk that poor performing areas which fail to implement such improvements could be subject to CQC review and potentially face a withdrawal of that national funding;
 - d) Notes the preparation and governance arrangements for the submission of Leicestershire's BCF Plan for 2017/18-2018/19 to NHS England by 11 September 2017.

Reasons for Recommendations

3. In July 2017, after a lengthy national delay, technical guidance was published by NHS England for the preparation and submission of BCF Plans for the period 2017/18 – 2018/19. This technical guidance included new requirements for improving delayed transfers of care with challenging expectations placed on

each health and wellbeing board area in terms of the rate of improvement to be achieved during 2017/18.

4. The guidance also highlighted that areas with poor performance on DTOC could be subject to external review and financial penalties; however there are no further details on the process for this at the time of writing this report.
5. The national conditions for the BCF Plan include a requirement that it is jointly agreed by the County Council and CCGs, including through the Health and Wellbeing Board.

Timetable for Decisions (including Scrutiny)

6. The Health Overview and Scrutiny Committee was informed of progress with the refresh of Leicestershire's BCF Plan on 1 March 2017.
7. The initial draft BCF submission was considered by the respective Boards of the two County Clinical Commissioning Groups (CCGs) on 14 March 2017 prior to being approved by the Health and Wellbeing Board on 16 March 2017.
8. The Health and Wellbeing Board also authorised the Chief Executive to make amendments to the Plan in the light of the national guidance, which had not been published at the time of that meeting, prior to it being submitted to NHS England. The Health and Wellbeing Board subsequently received further reports on the BCF submission on 22 June 2017 and 20 July 2017 which took into account the new technical guidance.
9. CCG Boards received further reports at their respective meetings on 8 August 2017
10. Noting that the Health and Wellbeing Board had authorised the Chief Executive to finalise the BCF Plan and submit it to NHS England, members of the Leicestershire Integration Executive, a subgroup of the Health and Wellbeing Board responsible for delivery of the BCF plan, were asked to indicate their agreement with the final submission to NHS England, at a meeting on 7 September 2017.

Policy Framework and Previous Decisions

11. The BCF Policy Framework was introduced by the Government in 2014, with the first year of BCF Plan delivery being 2015/16.
12. In February 2014 the Cabinet authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
13. On 10 March 2017 and 23 June 2017 the Cabinet received progress reports on the refresh of the Leicestershire BCF Plan for 2017/18 – 2018/19. At its meeting on 23 June the Cabinet also agreed that the County Council's Medium Term Financial Strategy 2017/18-2020/21 be updated to reflect the additional adult social care grant allocation of £19.7 million over two years.

Resource Implications

14. The BCF Plan has a pooled budget totalling £52m for 2017/18 and £56m for 2018/19. This includes the additional non-recurrent adult social care grant funding allocated by the Government in the March budget. This funding has specific grant conditions, one of which concerns improving DTOC from hospital.
15. The final BCF expenditure plan, attached as Appendix A to this report, has been prepared by the County Council jointly with NHS partners and this is due for submission to NHS England on 11 September 2017. The draft expenditure plan was submitted to the Cabinet on 23 June 2017.
16. The expenditure plan and supporting BCF narrative sets out the different allocations which comprise the BCF pooled budget, and demonstrates how the local fund has been prioritised. Investments must be made according to the national BCF Policy Framework and supporting technical guidance, and directed to joint local priorities for transforming health and care.
17. The plan includes £16.4m worth of investment which has been allocated to improving delayed transfers of care. The figure has been agreed with and is fully supported by NHS partners. Details of how this funding has been allocated are set out in paragraph 21 - 23 of this report.
18. The Director of Corporate Resources has been consulted on the content of this report.

Circulation under the Local Issues Alert Procedure

None.

Officers to Contact

Cheryl Davenport, Director of Health and Care Integration (Joint Appointment)
Tel: 0116 305 4212 Email: cheryl.davenport@leics.gov.uk

Jon Wilson, Director of Adults and Communities, Leicestershire County Council
Tel: 0116 305 7454 Email: jon.wilson@leics.gov.uk

PART B

Background

19. The requirement to deliver improvements in managing transfers of care is one of the national conditions for the BCF, as set out in the *Integration and Better Care Fund Policy Framework 2017/18 – 2018/19*, which applies to BCF Plans with effect from April 2017.
(<https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>).
20. In terms of the national condition targeted to managing transfers of care, each local BCF Plan must provide evidence of how the Department of Health's '*high impact changes for improving hospital discharge*' are being implemented locally. The High Impact Changes Framework [https://www.local.gov.uk/sites/default/files/documents/Impact%20change%20model%20managing%20transfers%20of%20care%20\(1\).pdf](https://www.local.gov.uk/sites/default/files/documents/Impact%20change%20model%20managing%20transfers%20of%20care%20(1).pdf) provides a basis for each health and care system to assess their local position and identify where further changes are needed so that all the evidence-based and recommended interventions are made.
21. There is also a requirement that a proportion of the new adult social care allocation will be spent on reducing DTOC. In Leicestershire, the total amount of funding being spent on this priority across the entire BCF plan during 2017/18 is £16.4 million. This includes both a proportion of funding from the adult social care allocation and a proportion of funding from the core BCF pooled budget.
22. £11.4million of the funding to improve DTOC is recurrent from the core BCF budget and funds existing services such as 7 day hospital discharge support from the adult social care department, including link workers for supporting discharge at community hospital and mental health sites, core reablement services across health and social care.
23. The remaining £5m of the investment in delayed transfers of care in 2017/18 is non recurrent (funded from the new adult social care allocation, available over a 3 year period). This is funding the Hospital Housing Discharge Enabler scheme, which ensures that housing needs are addressed before a patient is medically ready for discharge, and will also be used to develop a fully integrated discharge pathway/team at the Bradgate Unit later in 2017/18 and develop new interim beds.
24. The impact of these investments is measured through the monitoring of LLR's performance on DTOCs, including performance in each of the 3 health and wellbeing board areas within LLR.
25. Paragraphs 26 - 36 of this report sets out the target for improvement and how this is measured.

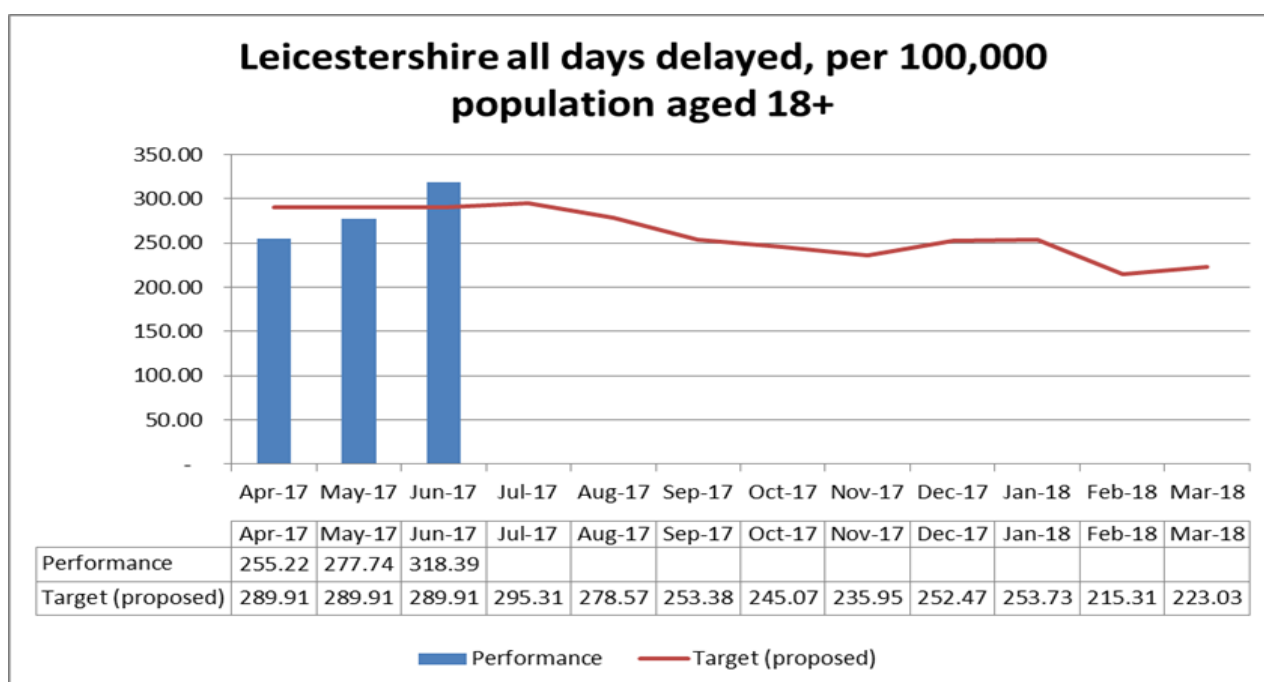
Leicestershire's Target to Improve Delayed Transfers of Care (DTOC)

26. The most challenging aspect of finalising Leicestershire's BCF plan involved setting the trajectory for improving DTOC.
27. This was due to late adjustments to the BCF policy, and national delays in clarifying the exact definition of the target and calculating and agreeing the level of improvement expected in each health and being board area. Guidance was published on these matters in July 2017.
28. During July and August 2017 local authority and NHS partners across Leicester, Leicestershire and Rutland (LLR) jointly assessed the new requirements, and examined LLR's existing action plans and resource plans.
29. In order to calculate and agree the LLR target, partners considered that:
 - a) NHS England set a requirement for all areas to achieve a DTOC rate of no more than 3.5% of bed days (for NHS-attributable delays) by September 2017.
 - b) The BCF Planning Framework set a requirement for a DTOC rate of 3.5% of *all occupied bed days, across all causes of DTOC*, to be expressed as a *rate per 100,000 population*.
 - c) The BCF technical guidance set out that achieving the required level of improvement must be shared equally across both NHS related and Local Authority related delays.
 - d) As a health and care system essentially this means that the NHS and Local Authorities across LLR are being asked jointly to achieve an overall rate of no more than 3.5% of occupied bed days being categorised as delayed.
 - e) Every area of the country which has not yet achieved this level of performance is being required to do so, as soon as possible within 2017/18.
30. The LLR A&E Delivery Board had already proposed a percentage reduction for DTOC which is set out in the table below. This is based on the actions in progress, resources already jointly committed in 2017/18, and the time it would realistically take for this impact to be implemented and sustained. All partners agreed that the 3.5% rate cannot be realistically achieved before March 2018.

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
LLR % bed days delayed - target	5.06%	4.81%	4.56%	4.31%	4.06%	3.81%	3.81%	3.95%	4.00%	3.75%	3.50%

This percentage reduction has been translated into the BCF target for LLR and agreed, both by individual partners, and jointly by the LLR A&E Delivery Board. There is a requirement that the BCF target is defined as the total number of days delayed per 100,000 population aged 18+ per month by health and wellbeing board area. The target for Leicestershire has been profiled on a monthly basis and is set out in the table and graph below. The graph also shows actual performance in Leicestershire between April and June 2017.

2016/17 DTOC Performance	BCF DTOC Trajectory 2017/18
Q1 287.04	• Apr-17 – 289.91
Q2 357.19	• May-17 – 289.91
Q3 382.17	• Jun-17 – 289.91
Q4 377.10	• Jul-17 – 295.31
	• Aug-17 – 278.57
	• Sep-17 – 253.38
	• Oct-17 – 245.07
	• Nov-17 – 235.95
	• Dec-17 – 252.47
	• Jan-18 – 253.73
	• Feb-18 – 215.31
	• Mar-18 – 223.03



Analysis of Current Performance

31. Analysis undertaken of delays across LLR as at June 2017, (by examining the split of delays across health and social care, and across the different hospital sites), shows that:
 - a) Social care attributed delays across LLR were well below the required level of performance, ranging between 0.2% and 0.7%.
 - b) The improvement required is largely within the NHS attributable delays, as these range between 3.58% and 4.27% across LLR.
 - c) In terms of the hospital sites that are most challenged overall in terms of delayed discharges, these are the non-acute hospital sites, e.g. mental health, learning disability, and community hospitals.
 - d) There are also some issues with delays in the out of county hospitals, e.g. those in bordering areas of Leicestershire where LLR residents often choose to access their care, such as Kettering, Burton, Derby and George Eliot (Nuneaton).
32. Although adult social care attributable delays remain low, there are further actions that can be taken at non-acute sites in particular, to support mental health and learning disability clients. These are often those with complex needs and/or housing issues.
33. The adult social care action plan has been updated to ensure these issues have high priority and the department is working closely with Leicestershire Partnership Trust, the clinical commissioning groups, and the hospital housing enabler team to ensure individual cases are assessed and addressed swiftly.
34. The hospital discharge housing support team, developed as part of the Lightbulb Housing Service, is already in place at the Bradgate Mental Health Unit.
35. Further consideration will be given to expanding this service across mental health, learning disability and community hospital sites in 2017/18 based on the learning from recent cases, and the positive impact dedicated housing support and expertise has had on resolving delays.

Performance Management

36. The BCF technical guidance states that:
 - a. Targeted Care Quality Commission (CQC) reviews will examine performance in areas with the worst DTOC position, with a view to supporting them to improve.

- b. In November 2017, there may be a review of the additional adult social care allocations from the Spring Budget, for the 2018/19 period. This implies funding could be adjusted for poorly performing areas. There are no further details as yet about the process or implications of this statement.
- 37. The assessment framework the CQC will use has recently been published and Leicestershire partners have already agreed to use this to undertake a self-assessment between October and December 2017, irrespective of whether the LLR area is selected in the future for a formal CQC review related to DTOC performance.
- 38. It should be noted that in early July the Local Government Association stated their opposition to the imposition of new DTOC targets and the associated changes to the BCF policy framework at this late stage, and the County Councils' Network has also written to the Secretary of State in August 2017 to set out the implications the levels of improvement have upon county areas in particular, given their demography and funding levels.

BCF Plan Submission

- 39. The BCF Plan submission to NHS England will take place by 11 September 2017 and will comprise the following components:
 - A narrative document setting out how the local plan will deliver health and care integration, specifically with respect to each of the following BCF national metrics, demonstrating how they will be achieved and measured:-
 - Reducing the number of total emergency admissions;
 - Effectiveness of reablement at 91 days;
 - Improving delayed transfers of care; and
 - Reducing permanent admissions to care and nursing homes.
 The narrative document will also need to set out how the following BCF national conditions are being met:-
 - Be jointly agreed including approvals via the local Health and Wellbeing Board;
 - Maintain protection of adult social care services;
 - Demonstrate commitment to investment in out-of-hospital services;
 - Deliver improvements in managing transfers of care (e.g. delayed hospital discharges).
 - A technical submission, using a template provided by NHS England. This will include a breakdown of the BCF expenditure plan and supporting financial analysis, baseline and trajectories for each of the metrics, assurance against each national condition.

- Providing evidence and assurance that the local plan has been developed through engagement with a wide range of partners and approved by these partners, and ultimately by the Health and Wellbeing Board.
 - Supporting materials relating to the delivery of the BCF Plan including a programme plan, risk register, and governance structure.
40. A regional and national assurance process for BCF plans is outlined in the BCF Policy Framework and Technical Guidance and this is intended to be completed by the end of November. This has involvement from both local government and NHS England.

Background Papers

Report to Health Overview and Scrutiny, 1 March 2017 'Better Care Fund Refresh' (agenda item 12)

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1045&MId=5013>

Leicester, Leicestershire and Rutland Sustainability and Transformation Plan -

<http://www.bettercareleicester.nhs.uk/Easysiteweb/getresource.axd?AssetID=47665>

Report to the Health and Wellbeing Board on March 16, 2017

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=4938>

Report to the Cabinet, 23 June 2017 'Better Care Fund 2017/18 - 2018/19'

(agenda item 10) <http://politics.leics.gov.uk/ieListDocuments.aspx?MId=5120&x=1>

Report to the Health and Wellbeing Board, 22 June 2017 'Better Care Fund 2017/18 - 2018/19' (agenda item 9)

<http://politics.leics.gov.uk/ieListDocuments.aspx?MId=5124&x=1>

Position Statement to the Health and Wellbeing Board, 20 July 2017 (agenda item 4)

<http://politics.leics.gov.uk/ieListDocuments.aspx?MId=5075&x=1>

Appendices

Appendix A – BCF Expenditure Plan

Appendix B – Extract from BCF Risk Register

Relevant Impact Assessments

Equality and Human Rights Implications

41. Developments within the BCF Plan are subject to an equality impact assessment and the evidence base supporting the BCF Plan has been tested with respect to Leicestershire Joint Strategic Needs Assessment. An equalities and human rights impact assessment has been undertaken which is provided at -

<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf> . The assessment concluded that the impact of the BCF is neutral and therefore a full assessment was not required.

42. The document underwent an annual review by Leicestershire County Council's (Adults and Communities Department) Equalities Group on 14 March 2017.

Partnership Working

43. The delivery of the BCF Plan and the governance of the associated pooled budget are managed in partnership through the collaboration of local authority and NHS commissioners and providers in Leicestershire.
44. Oversight of delivery is undertaken by the Integration Executive, an officer subgroup of the Health and Wellbeing Board. This group includes representation from District Councils and Leicestershire Healthwatch.
45. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place which contributes to the system wide transformation being implemented through the LLR Sustainability and Transformation Partnership, "Better Care Together". The partnership has published a five-year plan to transform health and care across Leicester, Leicestershire and Rutland.

Risk Assessment

46. The risk register for the BCF plan has been fully updated in light of the new two year planning requirement, and the impact of the updated national conditions, metrics, and the context of the financial framework/financial pressures affecting the Leicestershire BCF plan.
47. The updated risk register has been reviewed in detail by partners including at the Integration Finance and Performance Group on 12th May 2017 and 18th August 2017, and the Integration Executive on 23rd May, 1st August and 7th September 2017
48. The BCF risk register was updated again in August 2017 to reflect the analysis undertaken on the delayed transfers of care target and the challenge of making improvements across the LLR area before March 2018.
49. A copy of this extract of the risk register is given at Appendix B.
50. Key risks affecting the BCF Plan at this stage are characterised as a combination of:
 - Overall LLR system level risks (service, financial and transformational), per the LLR 5 year plan, and
 - Specific risks affecting the Leicestershire BCF plan/pooled budget arising from both the LLR system level risks and the national policy position for the BCF.

51. The following is a summary of key strategic risks associated with the BCF refresh as at August 2017:
- a) Impact of the 2017/18 financial position across the health and care economy.
 - b) Lack of financial flexibility within the Leicestershire BCF Plan, including lack of reserves and contingencies from 2017/18 onwards.
 - c) Increased significant risks in CCG financial plans from 2017/18 onwards.
 - d) Reliance on the delivery of further in-year savings from service review and redesign across a number of BCF service lines in order to deliver a more sustainable medium term financial plan.
 - e) Ongoing urgent care pressures, including the ongoing upward trend of emergency attendances/admissions.
 - f) Improving DTOC performance following the deterioration in performance experienced in 2016/17 and in light of the new improvement target by March 2018.
 - g) Implementation of large and complex areas of transformation across LLR such as: new models for Integrated Locality Teams, Home First and adoption of the electronic summary care record.

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