

HEALTH AND WELLBEING BOARD: 16 NOVEMBER 2017

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

DELAYED TRANSFERS OF CARE TARGET, PERFORMANCE AND RISK ANALYSIS

Purpose of report

1. The purpose of this report is to provide a progress report on the target for improving delayed transfers of care (DTC), including the implications of the target imposed by NHS England, as part of the Better Care Fund (BCF) Policy.
2. The report details the performance targets, together with the impact of not meeting the targets, our current performance locally, and the work being undertaken across the partnership to reduce delays and meet the required target.

Recommendation

3. The Health and Wellbeing Board is asked to:
 - a. Receive the progress report.
 - b. Note the revision to the risk register and significant risks if escalated on the basis of target failure if the target is not reached by November.
 - c. Discuss the actions in progress as noted in this report and the supporting monthly digest, and consider if any further actions should be undertaken.
 - d. Note this report has been forwarded to the Discharge Working Group and Director of Urgent Care for Leicester, Leicestershire and Rutland (LLR) in support of their oversight of DTC performance on an LLR-wide basis.

Policy Framework and Previous Decisions

4. The BCF policy framework was introduced by the Government in 2014, with the first year of BCF plan delivery being 2015/16. The County Council's Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
5. The Board received a presentation and report on the work in progress to refresh the BCF Plan for 2017/18 – 2018/19 at its meeting on 5 January 2017.
6. The Board received papers to provide an update on progress to prepare the BCF Plan at its meetings on 16 March and 22 June 2017 and an update in the Chair's position statement in July.

Background

7. The requirement to deliver improvements in managing transfers of care is one of the national conditions and national metrics 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 <http://ow.ly/tnEI30g7jAu>.
8. As part of achieving improvement, each local BCF Plan must demonstrate how the Department of Health's *high impact changes framework for improving hospital discharge* <http://ow.ly/lYhT30g7jIK> is being implemented locally. The framework provides a basis for each health and care system to assess their position, and identify any gaps, to ensure all the recommended interventions are in place locally.
9. There is also a requirement that a proportion of the new adult social care allocation (the IBCF fund announced in the March 2017 budget) will be spent on reducing DTOC.
10. In Leicestershire, the total amount of funding being spent on managing transfers of care and improving delayed hospital discharges is £16.4million. This includes £5million of the new adult social care allocation and over £11million from the core BCF pooled budget.
11. The impact of these investments is measured through the monitoring of LLR's performance on DTOC, including the individual performance in each of the three Health and Wellbeing Board footprints within LLR.

BCF Plan Assurance and the DTOC Target

12. BCF Plans are assured annually by regional and national panels, which include representation from NHS England and local government, with results subject to ultimate approval by NHS England.
13. The assurance criteria cover compliance with four key national conditions and four national metrics, as well as assessing how the financial contributions within the BCF pooled budget are prioritised according to the national policy requirements and local needs.
14. The regional panel for the East Midlands assessed the Leicestershire BCF Plan in September 2017 and categorised it as "approved with conditions".
15. This rating was applied in recognition of the fact that the Plan met all national requirements except that the delayed transfers of care improvement trajectory was not compliant with the NHS England requirement to make a specific level of improvement by November 2017. Instead the BCF plan submission profiled this improvement to March 2018, which partners agreed was the realistic improvement trajectory based on the LLR DTOC action plan, as agreed with the LLR A&E Delivery Board.
16. On 20th September, NHS England asked that the submitted DTOC trajectory be reconsidered (letter attached as Appendix A). That request was challenged.

17. On the 4th October it was communicated to County Council officers by the Local Government Association that the BCF national assurance panel, led by NHS England, would automatically rate any BCF Plan that did not comply with the NHS DTOC target as “not approved” and all areas affected by this rating will be placed in escalation.
18. During the first two weeks of October, messages from the Local NHS England team for LLR reinforced that, it was expected that Leicestershire would have to adjust the target to be compliant.
19. Each Local Authority received a letter from the Secretary of State for Health and the Secretary of State for Communities and Local Government dated 10th October, with content tailored depending on the current level of performance in their respective Health and Wellbeing Board area. A copy of the letter received by Leicestershire County Council is attached as Appendix B.
20. On the 10th October 2017, via a report to Leicestershire County Council’s Cabinet and by agreement across the partnership, the Council reluctantly accepted the target imposed by NHS England, due to the significant financial risk to the Council should the target not be accepted, together with the ongoing significant financial risk should the target not be met by November 2017.
<http://politics.leics.gov.uk/ieListDocuments.aspx?MId=4864> (item 46)
21. The revised DTOC target was submitted on 12th October 2017 to NHS England. It has been confirmed by NHS England that due to this, the Leicestershire BCF Plan has now been approved, but at the time of writing this report formal confirmation has not yet been received.

Implications of not achieving the DTOC Target

22. Irrespective of the above position, it remains statistically unlikely that this revised target will be achieved. At this stage the exact arrangements in relation to financial penalties have not been confirmed, but it has been made clear by NHS England that council areas who do not meet the target by November 2017 will face escalation and could have funds withheld from their BCF pooled budgets in 2018/19.
23. This could affect either the new IBCF grant that councils received 2017/18 (£9million), or a larger sum from the core BCF pooled budget (up to £22million), the element of the fund that CCGs contribute in support of adult social care services.
24. The BCF programme and corporate level risk registers have been updated accordingly with a red rated risk (available in Appendix C).
25. If placed in escalation this will involve:
 - a. Escalation meetings for key officers from health and care with NHS England, which could also involve the Chairman of the Health and Wellbeing Board.
 - b. The withholding of funds from councils, and/or further conditions being placed on how funds should be prioritised via the BCF plan and pooled budget.
 - c. A Care Quality Commission (CQC) system area review being imposed on the local authority.

26. A small number of councils have refused to accept the imposition of the target. Their BCF Plans have been deemed to be non-compliant at the time of submitting the plans in September 2017 and they have already been escalated via NHS England.
27. There are also 12 local areas (previously selected) for the first wave of CQC system reviews. The next group of areas who will form phase two of these reviews will be selected in late January/early February, when the November DTOC data has been analysed nationally.

Definition of Delayed Discharges and How the National and Local Target have been calculated

28. A patient is defined as ready for transfer when:
 - i.* A clinical decision has been made that patient is ready to transfer;
 - ii.* A multi-disciplinary team (MDT) decision has been made that patient is ready for transfer;
 - iii.* The patient is safe to discharge/transfer.
29. DTOC data is recorded monthly and submitted by NHS Trusts, with information captured across all inpatient settings of care (whether acute hospital, community hospitals, mental health or learning disabilities sites).
30. DTOC data is captured in three categories:
 - i.* Patients who are delayed due to NHS reasons;
 - ii.* Patients who are delayed due to Local Authority reasons;
 - iii.* Patients who delay is jointly attributable.
31. Delayed days from all inpatient settings of care and against all three categories are brought together to measure overall performance for each local area. Any Leicestershire residents delayed in out of area hospitals also count towards Leicestershire's overall performance.
32. Data is uploaded by each NHS hospital each month, with nationally validated data produced six weeks after the end of each month. For example DTOC data for November 2017 would be usually available by the second week in January.
33. The national target set by NHS England is that no more than 3.5% of occupied bed days should be coded as delayed nationally, by November 2017.
34. The national target has been apportioned across each Health and Wellbeing Board area and translated into a rate per 100,000 population for each local area. **In order to make its contribution to the national percentage, Leicestershire is required to achieve a rate of no more than 6.84 beds delayed per 100,000 population, by November 2017.**

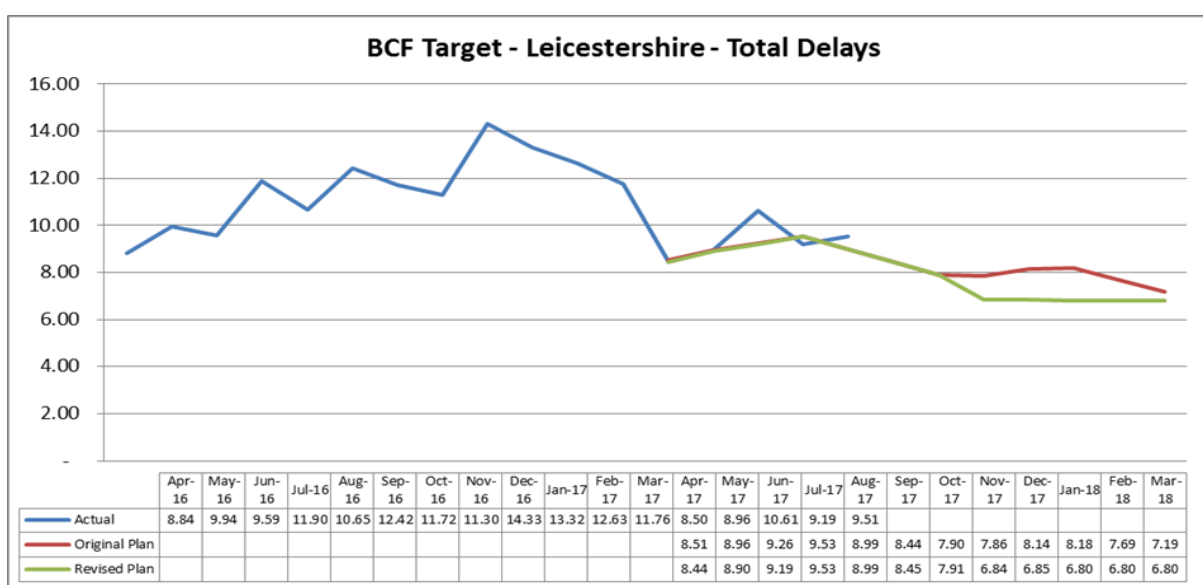
DTOC Target and Current Performance and Actions

35. In August there were 1,611 days delayed a rate of 294.95 per 100,000 population against a target of 278.57. This is 9.51 average days delayed per day per 100,000

population, against a revised target of 8.99 for August 2017, which drops to 6.84 by November 2017. The table below shows the Leicestershire 6.84 target broken down into the three categories, along with our current performance (latest available data is for August 2017).

	NHS Delays	LA Delays	Joint	Total
Performance at August 2017	6.76	1.26	1.49	9.51
Target for November 2017	3.78	1.33	1.73	6.84

36. Below is graphical representation of performance, mapped against Leicestershire's original trajectory (shown in red) and the NHS England imposed trajectory (shown in green).



37. The LLR wide DTOC action plan is being enacted by all partners and this continues to be a top priority for all partners, including Leicestershire's adult social care team. There is a good joint understanding of the position across the partnership. For the last two years the A&E Delivery Board has strategically prioritised DTOC improvements aimed at supporting a reduction in acute delays in University Hospitals of Leicester (UHL); as a consequence the impact of delayed bed days is now primarily on non-acute sites and out of county acute sites.
38. The LLR Discharge Working Group has been reconvened, with a refreshed purpose and senior level direction in order to oversee delivery and ensure one set of LLR data available and analysed, giving a consistent view of system wide performance weekly and monthly.
39. All existing actions remain in place to support UHL discharges. A positive position is being maintained at the acute site where adult social care coded delays for Leicestershire remain very low.
40. Further details of current performance and analysis based on local weekly data can be found in the latest DTOC digest report, available in Appendix D.

41. At the time of writing this report, it remains unlikely the revised target will be reached by November for Leicestershire even though recent improvements on non-acute delays are having an impact. The following section summarises the specific actions in progress across Leicestershire Partnership Trust (LPT) as this is the area where partners need to achieve the most progress in order to meet the target as quickly as possible.

Summary of Actions in progress across LPT

42. A detailed joint action plan is in progress at LPT where a site by site review is being undertaken to ensure each delayed patient in mental health, learning disabilities or community hospitals have a clear plan, with a particular focus on Mental Health Services for Older People (MHSOP) cases during October.
43. A well established and effective mental health and learning disabilities DTOC and Flow Group is in place, chaired by the LPT medical director, as a result of which a number of long standing DTOCs have already been resolved.

Learning Disability

44. A number of long standing delays have already been resolved between August and October. Further work is in train to establish reasons for admission to the specialist learning disability unit (Agnes Unit) at LPT. This will include detailed patient journey and case analysis, to ascertain how a patient has been admitted, supported, and discharged into the community. Lessons as to how partners might do things differently will be collected and shared.

Mental Health

45. An 18 month pilot commenced on the 6th November 2017 focusing on the 'move on accommodation'. This five bedded unit will provide temporary housing for patients from LPT's Bradgate Unit who are fit for discharge, but awaiting permanent housing.

Community Services

46. A series of Community Hospital Integrated Services Workshops have been planned with the first of these scheduled on the 16th November 2017. These will look at how community hospital link workers and community hospital discharge ward manager/ discharge nurses and working together, and plan improvements to ensure '*one team approach to dealing with discharges within the community hospital setting*'.
47. LLR health and social care partner agencies have implemented a twice weekly senior escalation teleconference to discuss rapid resolution of common themes, individual cases with a significant delay and system issues for patients delayed within LPT's community services. The initial focus will be on community hospitals and mental health older people.

Research and Evaluation

48. It is important that we use an evidence base for any innovation and change to service delivery. In early October 2017, the Adults and Communities Department agreed to work with the National Institute for Health Research and Kent University on a two

year project that looks at the influence of social care on DTOCs among older people. This project will consider:

- i.* DTOC rates and relationships to local process;
- ii.* Demand characteristics of local economy and local discharge arrangements;
- iii.* Looking at DTOC rates and home care take up and expenditure.

Conclusion

49. The Council and NHS Partners have had to accept the imposed target due to the significant financial risks which are being threatened to councils (irrespective of the performance of local social care services) if the system level target is not achieved. Adult Social Care is working intensively to support the system action plan. Leicestershire County Council's Cabinet has been fully briefed on the issue and the corporate risk register has been upgraded to a red risk level on the achievement of this target and financial risks this may entail.
50. It is highly unlikely that the target will be achieved by November. Although it is yet possible to accurately forecast when this might be reached, the analysis undertaken of LPT patients delayed 30 days or more during October showed that resolving the DTOC position of 16 cases would have a major impact on performance totals and partners are engaged in the operational detail, key barriers and proposed resolutions for these at the time of writing this report.

Background papers

High Impact Change Model – Managing Transfer of Care <http://ow.ly/IYhT30g7jIK>

Report to Cabinet: 15 September 2017 – Delayed Transfers of Care
<http://politics.leics.gov.uk/ieListDocuments.aspx?MIId=4863>

House of Commons Briefing paper Delayed Transfers of Care in the NHS June 2017
<http://researchbriefings.files.parliament.uk/documents/CBP-7415/CBP-7415.pdf>

Circulation under the Local Issues Alert Procedure

None.

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List of Appendices

- Appendix A – BCF Assurance 2017-19 Letter (dated 20th September 2017)
- Appendix B – DCLG and DH DTOC Letter (dated 10th October 2017)
- Appendix C – BCF Corporate Risk

- Appendix D – DTOC Monthly Digest

Relevant Impact Assessments

Equality and Human Rights Implications

51. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
52. An equalities and human rights impact assessment has been undertaken which is provided at:
<http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>
This finds that the BCF will have a neutral impact on equalities and human rights.

Partnership Working and associated issues

53. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.
54. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.
55. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the five year plan to transform health and care in Leicestershire, known as Better Care Together <http://www.bettercareleicester.nhs.uk>