



CABINET – 9 FEBRUARY 2018

DELAYED TRANSFERS OF CARE PERFORMANCE UPDATE

REPORT OF THE CHIEF EXECUTIVE, DIRECTOR OF ADULTS AND COMMUNITIES AND INTERIM DIRECTOR OF HEALTH AND CARE INTEGRATION

PART A

Purpose of the Report

1. The purpose of this report is to update the Cabinet on progress against the revised NHS England target associated with improving delayed transfers of care (DTC) which forms part of Leicestershire's Better Care Fund (BCF) Plan for 2017/18 – 2018/19.

Recommendations

2. It is recommended that the Cabinet:
 - (a) Notes that, following the submission of the revised DTC trajectory on 12 October, the BCF Plan has been approved by NHS England;
 - (b) Notes that a letter has been received from the Secretaries of State for Department of Communities and Local Government and the Department of Health confirming that, due to the improved DTC performance in Leicestershire, the risk of having Improved BCF (IBCF) funding withheld in 2018/19 has been removed;
 - (c) Notes that overall DTC performance in Leicestershire during November showed an improvement compared to the previous month, and was in line with the September target set by NHS England, but did not meet the revised local target in the BCF Plan;
 - (d) Notes the findings of the local system review that has been undertaken to assess the state of preparedness of the Leicestershire health and care system as set out in paragraph 38 of the report.

Reasons for Recommendations

3. The BCF guidance, published in July 2017 after a lengthy national delay, included a challenging expectation for improving DTC and highlighted that areas with poor performance could be subject to escalation with NHS England, external review by the Care Quality Commission and financial

penalties. The Leicestershire BCF Plan submitted to NHS England on 8 September 2017 was assessed as 'not approved' because it was not compliant with NHS England's requirement for the DTOC target to be met by November 2017. The DTOC trajectory was subsequently revised to ensure compliance. Formal confirmation of the BCF Plan was received by the County Council on 20 December.

4. The Leicestershire DTOC performance for November was 8.0 average days delayed per day per 100,000 population, against a target of 6.84.
5. It has also been confirmed that there is no immediate intention to undertake a CQC review of the local health and care system. However, partners in Leicestershire have decided proactively to undertake their own review using the methodology of the reviews to date to identify key areas for improvement

Timetable for Decisions (including Scrutiny)

6. The Adults and Communities Overview and Scrutiny Committee received an update on the DTOC position at its meeting on 14 November 2017.
7. A further update on DTOC performance was submitted to the Health and Wellbeing Board on 25 January 2018.

Policy Framework and Previous Decisions

8. The BCF Policy Framework was introduced by the Government in 2014, with the first year of BCF Plan delivery being 2015/16. In February 2014 the Cabinet authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
9. The refresh of the Better Care Fund Plan for 2017-19 was submitted to NHS England on 8 September 2017, with the approval of all partners.
10. On 15 September 2017, the Cabinet received a report on the implications of the new DTOC target being imposed by NHS England and the associated delivery risks for Leicester, Leicestershire and Rutland. At its meeting on 10 October 2017, the Cabinet reluctantly accepted the DTOC target imposed by NHS England but with the following caveats:
 - a) The County Council continued to object to the imposition of this target by NHS England, with the significant risks that have been placed on BCF assurance and the associated financial penalties if a compliant target is not submitted.
 - b) In accepting the change to the submitted DTOC trajectory, the County Council expected the Health and Wellbeing Board's BCF plan assurance rating to be reviewed and adjusted with immediate effect.

Resource Implications

11. 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 (IBCF) funding allocated by the Government in the March budget. This funding has specific grant conditions, one of which concerns improving DTOC from hospital.
12. The BCF expenditure plan includes £16.4m of investment which has been allocated to transfers of care from hospital and improving DTOC. The BCF Plan, local action plan to improve DTOC and levels of investment have been agreed with, and are fully supported by, NHS partners.
13. As the Government has confirmed that there will be no impact on the IBCF grant during 2018/19, the level of financial risk faced by the County Council has reduced. DTOC performance will continue to be closely monitored. The table below provides a breakdown of the iBCF allocation for Leicestershire:

	2017/18	2018/19	2019/20	Total
	£m	£m	£m	£m
iBCF additional adult social care allocation) spring 2017 budget announcement	9.5	6.8	3.4	19.7

14. The Director of Corporate Resources has been consulted on the content of this report.

Circulation under the Local Issues Alert Procedure

15. None.

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PART B

Background

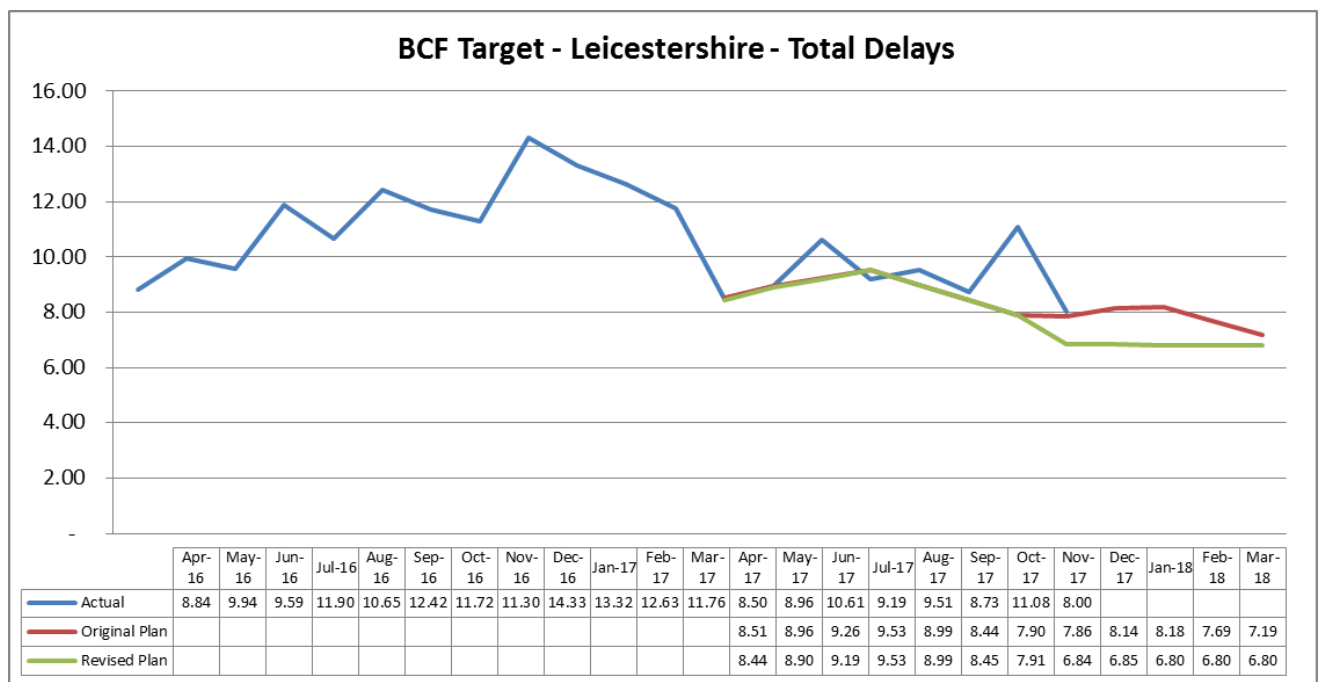
16. The BCF planning guidance was released on 4 July 2017. The guidance contained a requirement for all areas to deliver improvements in managing transfers of care. The NHS England Mandate for 2017/18 set a target for reducing DTOC nationally to 3.5% of occupied bed days by November 2017. This required the NHS and Local Government to work together so that, at a national level, DTOCs would be no more than average daily delays, per day, per 100,000 18+ population of 9.4. For Leicestershire, this equated to a DTOC target of no more than 6.8 day delays, per day, per 100,000 adults.
17. Each local BCF Plan must also 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 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.
18. There is also a requirement that a proportion of the new adult social care allocation is 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.
19. The impact of these investments is measured through the monitoring of LLR's performance on DTOC, including performance in each of the three health and wellbeing board areas within LLR.
20. The letter from the Secretaries of State for Department of Communities and Local Government and the Department of Health received on 6 December 2017 confirmed that due to the improved DTOC performance in Leicestershire, there would be no impact on the IBCF allocation in 2018/19. The letter is attached as an appendix to this report.

Current Performance

21. The latest published validated performance is for November 2017, when there were 1,311 days delayed, a rate of 240.03 per day per 100,000 population against a target of 205.32. This is 8.0 average days delayed per day per 100,000 population, against a target of 6.84. The table below shows the Leicestershire 6.84 target broken down by category, against the actual performance.

	NHS Delays	LA Delays	Joint	Total
Target for November 2017	3.78	1.33	1.73	6.84
Actual performance at November 2017	5.80	1.20	0.99	8.00

22. Below is graphical representation of performance, mapped against Leicestershire's original trajectory (shown in red) and the revised trajectory (shown in green).



Summary of Actions in Progress

23. A detailed joint action plan across Leicester, Leicestershire and Rutland (LLR) being enacted by all partners to improve the delayed transfers of care position. The following paragraphs provide an update on current actions.
24. Throughout November, twice weekly discharge escalation calls took place at a senior level with engagement of Leicestershire Partnership Trust and all CCG and Local Authority partners. The calls focused on patient specific delays within Leicestershire Partnership Trust Community Hospitals.
25. The Multi Agency Discharge Events (MADE) commenced from 11 December. Calls focused on identifying high level thematic actions and patient level actions to facilitate effective discharge. These calls have been system level calls covering all discharge issues across acute, community hospital and mental health.

26. Approximately 27% of delays attributable to adult social care are submitted by out of county hospitals. The vast majority of these have not been agreed or authorised by the Council and It is estimated that this is contributing to an over reporting of adult social care attributable delays by over 20%.
27. In October a letter was sent by the Director of Adults and Communities to Chief Executives of out of County Hospitals to request more rigour and local involvement in performance reporting to prevent erroneous data reporting. Revised arrangements have been established between the Council and Hospital Trusts in Warwickshire, Derby, Staffordshire and Northamptonshire to improve the accuracy of coding and data sharing.
28. In December, a joint letter was received from NHS England, NHS Improvement, Association of Directors of Adult Social Services (ADASS) and the Local Government Association to all Local Authorities, Clinical Commissioning Groups (CCG) and provider Chief Officers regarding assuring that DTOC reporting is credible. The letter stated that providers must ensure that before DTOC data is uploaded to Unify, the online collection system used for collating, sharing and reporting NHS and social care data, Social Care and jointly attributable delays should be agreed by the relevant Local Authority's Director of Adult Social Services or their nominated representatives. A process has been put in place between Leicestershire Partnership Trust and Leicestershire County Council, and a process is being developed for University Hospitals of Leicester NHS Trust.
29. Within the draft Sustainability and Transformation Plan, there are a number of work streams taking forward activity to help address DTOCs. These include: Emergency and Urgent Care, Integrated Locality Teams, and Home First programmes.
30. The Emergency and Urgent Care programme considers activity contributing to demand on hospital services, flow of activity through hospitals and discharge arrangements. The work is reported into the Accident and Emergency Delivery Board (a nationally prescribed forum) chaired by the Chief Executive of University Hospitals of Leicester.
31. The Integrated Locality Teams programme is jointly overseen by the County Council and West Leicestershire CCG and aims to develop place based health and care teams based on primary care footprints. By developing integrated approaches to support people in the community with long term conditions and people who are frail the aim is to reduce reliance on hospital based care.
32. The Home First programme is jointly run by the County Council and East Leicestershire and Rutland CCG and aims to develop step up services to keep people at home in a crisis, and step down services to enable early discharge from hospital. The County Council provides the programme support to this programme through the Corporate Resources Transformation Unit and Adults and Communities Department, utilising iBCF funding.

33. Progress in delivering the outcomes sought across the STP workstreams has been challenging due to the complexity of working across an LLR footprint and engaging with all statutory partners. Despite the STP governance arrangements, the Leadership team does not have decision making powers and therefore any decision to commit resources or develop strategy requires separate discussion and approval through up to 8 statutory organisations leading to delay and inaction. In addition establishing a common approach and understanding, avoiding duplication of effort and managing the dependencies and interdependencies between programmes of work has proved difficult. The County Council has requested that STP governance is externally reviewed.
34. Despite these challenges, progress is being made to enable timely discharge from hospital. An integrated discharge team has been developed at UHL, specifications have been developed to establish step up and step down services and an enhanced service to care homes has been identified. These initiatives should provide improved outcomes over the course of the next 12 months.

Local Area Review

35. The Government requested that the Care Quality Commission (CQC) carry out Local Area reviews of health and care systems where improvements on reducing transfers of care were considered not to be made. The reviews are based upon local authority boundaries and report outcomes and recommendations to local Health and Wellbeing Boards as the accountable local body.
36. In October local partners agreed to carry out an independent mock review to help understand their local strengths and areas for development. The outcomes of this review will be considered by the County Integration Executive and Health and Wellbeing Board.
37. To inform the findings of the review the work has involved:
- i. Interviews and discussions with over 20 senior and operational managers across the Leicestershire health, social care and housing economy, including Healthwatch.
 - ii. Observing a range of programme board, working group, and integration meetings.
 - iii. The review of data.
 - iv. The review of strategic documents.
 - v. Analysing the high level metrics used by the Department of Health to identify the initial areas for review.
38. The key findings from the review suggest that the local health and care system should consider:-
- a) The development of a shared target operating model for health and social care to strengthen a 'whole system' culture;

- b) Undertaking the CQC relational survey targeted at system leaders and senior operational managers;
- c) Conducting an 'end to end' flow analysis mapping current and planned initiatives to clarify interdependencies and inform any review of current STP and BCF work streams;
- d) Ensuring the effectiveness of the five hospital discharge pathways is systematically monitored (noting particular challenges with pathway 3 for complex discharges;
- e) Strengthening the whole system approach to and provision of reablement/rehabilitation;

Conclusion

39. The level of DTOC in Leicestershire continues to improve, however the BCF DTOC target was not achieved by November 2017. Due to the improvements that have been made in performance, the risk of having IBCF funding withheld in 2018/19 has been removed.

Background Papers

Report to Cabinet on 15 September 2017 (refer to item 14 on the agenda)
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=4863&Ver=4>

Report to the Cabinet on 10 October 2017

<http://politics.leics.gov.uk/documents/h119211/Urgent%20Item%20-%20Delayed%20Transfers%20of%20Care%20and%20Assurance%20of%20the%20Leicestershire%20Better%20Care%20Fund%20Plan%20T.pdf?T=9>

Report to the Health and Wellbeing Board on 25 January

2018 http://politics.leics.gov.uk/documents/s135059/DTOC%20Performance%20Report_v1.0.pdf

Appendices

Appendix - Letter from the Secretaries of State

Equality and Human Rights Implications

40. 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.
41. The document underwent an annual review by Leicestershire County Council's (Adults and Communities Department) Equalities Group on 14 March 2017.

Partnership Working

42. 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.
43. 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.
44. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place which contributes to the system wide approach which is the focus of the LLR Sustainability and Transformation Plan to be published by the NHS later this year.

Risk Assessment

44. 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.
45. The updated risk register has been reviewed in detail by partners including at the Integration Finance and Performance Group on 20 November 2017, and the Integration Executive on 2 January 2018.
46. The BCF risk register was updated in January 2018 to reflect that the risk of a financial penalty if the target for DTOC reduction was not achieved by November 2017 has been reduced.

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