Agenda Item 6

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 22 MARCH 2018

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

DELAYED TRANSFERS OF CARE PERFORMANCE

Purpose of report

1. The purpose of this report is to provide a progress report on the Better Care Fund (BCF) target for improving delayed transfers of care (DTOC).

2. The report details the performance targets, along with current progress locally, and the work being undertaken across the partnership to reduce delays.

Recommendation

3. The Health and Wellbeing is asked to:

   a. Receive the progress report;

   b. Discuss the actions in progress as noted in this report and consider if any further actions should be undertaken;

   c. Note that this report has been forwarded to the Discharge Working Group (DWG) and the Director of Urgent Care for Leicester, Leicestershire and Rutland (LLR) in support of their oversight of DTOC 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 paper to provide an overview on the DTOC target and the potential implications related to not achieving the target on 16 November 2017 and a further report on progress against the November target on 25 January 2018.

Background

6. 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.

7. 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/IYhT30g7jIK 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.

8. There is also a requirement that a proportion of the adult social care allocation (the Improved Better Care Fund (IBCF) announced in the March 2017 budget) will be spent on reducing DTOC.

9. 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 IBCF and over £11million from the core BCF pooled budget.

10. 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

11. Confirmation that the Leicestershire BCF Plan for 2017-19 was approved was received on 20 December 2017. There was a requirement within the BCF Plan for all areas to reduce the number of DTOCs. The NHS England Mandate for 2017/18 set a target for reducing DTOC nationally by 3.5% of occupied bed days by November 2017 and then to maintain this level for the remainder of 2017/18.

12. Nationally this equated to the NHS and Local Government working together so that, at a national level, DTOCs are no more than 9.4 days delayed per day per 100,000 adults. For Leicestershire, that equated to DTOCs being no more than 6.8 days delayed per day per 100,000 population.

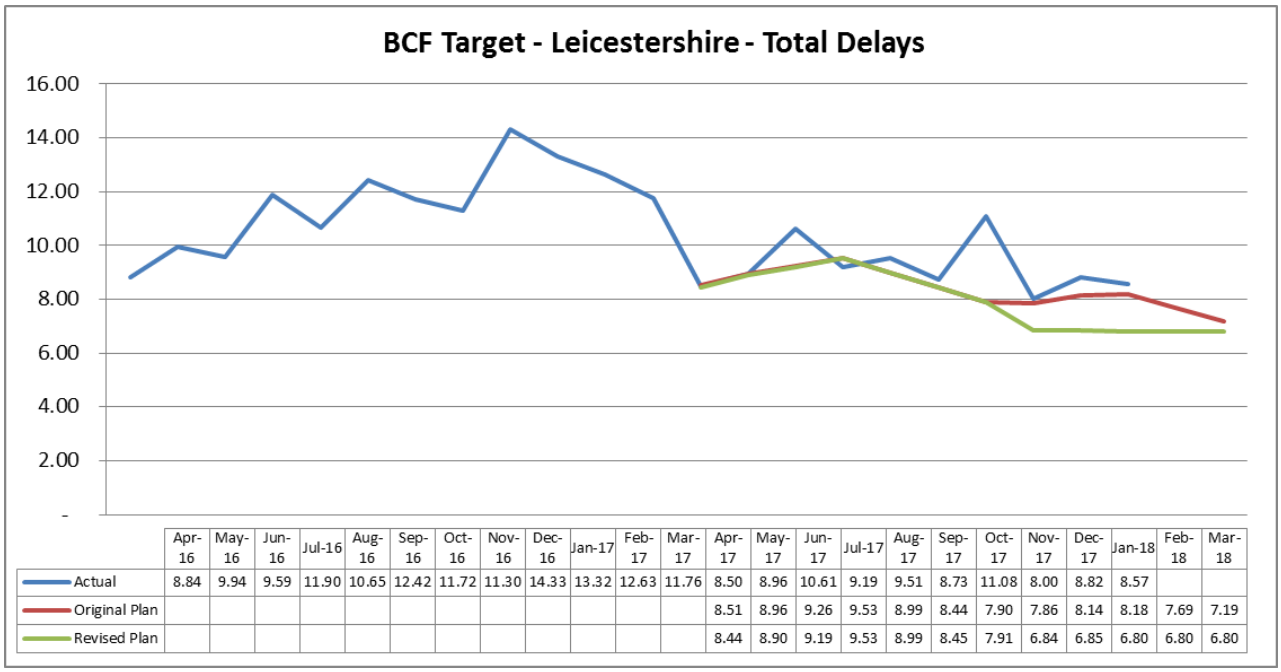
13. National BCF Operational Guidance for 2018/19 will be published soon. This will include a new BCF DTOC target for 2018/19.

DTOC Target and Current Performance and Actions

14. In January there were 1,461 days delayed, a rate of 265.57 per 100,000 population against a target of 210.70. This is 8.57 average days delayed per day per 100,000 population, against a target of 6.80. The table below shows the Leicestershire 6.80 target broken down into the three categories, against the actual performance.

	NHS Delays	LA Delays	Joint	Total
Target for January 2018	*3.76*	*1.32*	*1.72*	*6.80*
Actual performance for January 2018	**6.91**	**0.83**	**0.83**	**8.57**

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



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	8.84	9.94	9.59	11.90	10.65	12.42	11.72	11.30	14.33	13.32	12.63	11.76	8.50	8.96	10.61	9.19	9.51	8.73	11.08	8.00	8.82	8.57		
Original Plan													8.51	8.96	9.26	9.53	8.99	8.44	7.90	7.86	8.14	8.18	7.69	7.19
Revised Plan													8.44	8.90	9.19	9.53	8.99	8.45	7.91	6.84	6.85	6.80	6.80	6.80

16. Weekly DTOC census data from Leicestershire hospitals is indicating that the target for February 2018 will not be met.

17. Leicestershire's rate of 8.6 days delayed per day per 100,000 population was lower than the England required rate of 9.4 days delayed per day per 100,000 population.

18. The LLR wide DTOC action plan is being enacted by all partners and this continues to be a top priority. The paragraphs below detail a summary of current actions to improve the DTOC target.

Summary of progress so far

19. Analysis of the data for the first half of the year to October for Leicester and Leicestershire shows the following reductions in DTOC for patient numbers and numbers of bed days delayed:

Category	25 weeks to 26 Oct	17 weeks from 26 Oct to 22 Feb	% difference
UHL average number of bed days delayed	311	210	-32%
LPT average number of patients delayed	56	27	-52%
LPT average number of bed days delayed – Learning Disabilities	1,003	807	-20%
LPT average number of bed days delayed – Mental Health	977	244	-75%
LPT average number of bed days delayed – Community hospitals	424	104	-75%
LPT average number of bed days delayed – Mental Health Older Persons	99	73	-26%

20. The number of patients delayed within UHL has risen but the amount of days delayed has fallen over the year so far.

21. It is important to note that within the figures presented here the patient stays are across all settings of care (including acute hospitals, community hospitals, mental health and learning disabilities) and range from less than 10 days to 200 days plus so reductions in long stayers will have a greater effect over time.

22. This step change is attributed to concentrated efforts from all partners to reduce DTOC's. This includes LPT restructuring staffing to focus on complex patients with a long length of stay, focusing matrons on wards to look at Census data directly and reviewing all end to end processes to improve patient flow.

23. Within UHL the development of the Integrated Discharge Team (IDT) and the utilising the Red2Green process, which looks at patient delays on a daily basis, has positively impacted on delays.

24. Across partners two Multi- Agency discharge events were held over two weekly periods (December and January) to look at all delayed patients using escalation calls for all partner involvement. This included transport providers, adult social care and housing.

Summary of future Actions

25. A detailed joint action plan is in progress to improve the delayed transfers of care position. The following paragraphs provide an update on actions since the last report in January.

26. The redesign of discharge pathway 2 (home with new support) and pathway 3 (complex transfers – unable to go straight home) led by Home First is due to take place. This will include agreeing and implementing an LLR-wide model for Discharge to Assess and reablement.

27. The development of trusted assessment between staff across the hospital and with services providing Home First community services and with care home providers, both for new and existing resident transfers is to be progressed.

28. There are plans to bring the Housing Enablement Team into the IDT and increases in resources to support IDT presence at the front door is to take place.

29. The discharge hub environment usage is to be reviewed to ensure that all those who need to work together to pursue complex discharges are able to do so, not just those specifically identified as IDT members or those working on a limited number of ward.

30. Opportunities are to be explored for all adult social care staff facilitating discharges to have access to NHS systems to share information about patients requirements.

31. Combining the IDT with Red2Green and (possibly the flow coordinators) would allow a wider resource to be focused on similar issues and responses, for example, being eyes and ears for each other's requirements, challenging decisions and progress in the same way.

32. A review of the effectiveness of the continuing healthcare end to end process implemented within Community and Community Hospitals

33. A phased implementation of the continuing healthcare end to end process for UHL with an assessor for Midlands & Lancashire CSU commencing in March to support the Complex Discharge Team

Background papers

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

Report to Health and Wellbeing Board: 16 November 2017 – Delayed Transfers of Care Target, Performance and Risk Analysis
http://politics.leics.gov.uk/ieListDocuments.aspx?MId=4941

Report to Health and Wellbeing Board: 25 January 2018 – Delayed Transfers of Care Performance
http://politics.leics.gov.uk/documents/s135059/DTOC%20Performance%20Report_v1.0.pdf

Circulation under the Local Issues Alert Procedure

None.

Officer to Contact

Name and Job Title: Cheryl Davenport, Director of Health and Care Integration
Telephone: 0116 3054212
Email: Cheryl.Davenport@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

34. 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.

35. 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

36. The delivery of the BCF Plan and the governance of the associated pooled budgets is managed in partnership through the collaboration of commissioners and providers in Leicestershire.

37. 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.

38. 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.