Agenda Item 10

Leicestershire County Council

CABINET - 12 JUNE 2018

DELAYED TRANSFERS OF CARE: YEAR END REPORT

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES AND DIRECTOR OF HEALTH AND CARE INTEGRATION

PART A

Purpose of the Report

1 The purpose of this report is to provide the Cabinet with an update on Leicestershire's performance in relation the to the Delayed Transfers of Care (DTOC) target for 2017/18,which was imposed by NHS England as part of the Better Care Fund (BCF) Policy.

2 The report also sets out the:

- improvement actions that have been undertaken in 2017/18;
- impact these have had;
- revised provisional DTOC target for 2018/19.

Recommendations

3 The Cabinet is asked to note the report.

Reason for Recommendations

4 To note the performance in 2017/18 in relation to DTOCs, the improvements to date and the emerging position with respect to the DTOC target for 2018/19.

Timetable for Decisions (including Scrutiny)

5 A report will be considered by the Adults and Communities Overview and Scrutiny Committee on 5 June 2018 and its comments will be reported to the Cabinet.

6 With regard to the revised DTOC target for 2018/19, initial information for Leicestershire was received from NHS England in May 2018.

7 This contained a provisional target for 2018/19 which is due to be reviewed at the Integration Executive on 5 June 2018. Partners will set plans in place on the basis of this target, noting it remains provisional until the formal publication of the BCF Guidance for 2018/19.

Policy Framework and Previous Decisions

8 The Care Act 2014 updates and re-enacts the provisions of the Community Care (Delayed Discharges etc) Act 2003, which set out how the NHS and local authorities should work together to minimise delayed discharges of NHS hospital patients from acute care.

9 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.

10 The refresh of the BCF Plan for 2017-19 was submitted to NHS England on 8 September 2017, with the approval of all partners.

11 In 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. In October 2017, the Cabinet reluctantly accepted that DTOC target but with the following caveats:

- 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;
- 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.

Resources Implications

12 There are no resources implications arising from the recommendations in this report.

13 It is difficult to estimate the entirety of the Council resource commitment to managing hospital discharge and DTOCs. However, it is estimated that £16m of the total BCF funding in 2017/18 and £21m in 2018/19 is attributed to DTOCs. Around 18% of adult social care contacts and referrals are associated with people being discharged from hospital and therefore the resources committed by the Council on provision of services for people post hospital treatment are extensive.

14 During 2017/18, the Council made the decision to invest an additional £170,000 to support extra capacity in the hospital social work team. The Council is also not currently progressing planned reductions in funding to the Homecare Assessment Reablement Team in order to ensure timely discharge from hospital for County residents.

Circulation under the Local Issues Alert Procedure

15 None.

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PART B

Background

16 The BCF Policy Framework was introduced by the Government in 2014, with the first year of BCF Plan delivery being 2015/16. 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).

17 In terms of the national conditions targeted to managing transfers of care, each local BCF Plan must provide evidence of how the Local Government Association (LGA)/NHS 'High Impact Change Model – Managing Transfers of Care' for improving hospital discharge is being implemented locally. The High Impact Changes Framework provides a basis for each health and care system to assess its local position and identify where further changes are needed so that all the evidence-based and recommended interventions are made.

18 The LGA/NHS eight High Impact changes for effective management of transfers of care are:

- Early discharge planning;
- Systems to monitor patient flow;
- Multi-disciplinary/multi agency teams to ensure co-ordination and shared responsibility;
- Home First/Discharge 2 Assess (D2A) provision that provides reablement and bridges the gap between hospital and home;
- Seven day services to ensure effective flow of patients through the systems;
- Trusted assessors to avoid duplication and speed up assessment times;
- Focus on choice to enable early consideration of options;
- Enhancing health in care homes in order to reduce unnecessary admissions to hospital.

19 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 DTOCs with challenging expectations placed on each Health and Wellbeing Board area in terms of the rate of improvement to be achieved during 2017/18.

20 NHS England set a target for reducing DTOCs nationally to 3.5% of occupied bed days by November 2017. This equates to the NHS and Local Government working together so that, at a national level, delayed transfers of care are no more than 9.4 days delayed per day, in every 100,000 adults.

21 For Leicestershire, this equated to DTOCs being no more than 6.8 days delayed per day in in every 100,000 adults, which Leicestershire partners agreed would be an exceptionally challenging target to achieve.

22 In October 2017, the County Council reluctantly accepted the target imposed for Leicestershire 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. Leicester City and Rutland Councils responded similarly.

Definition of a Delayed Transfer

23 A DTOC is defined as follows – it can apply to any patient in any inpatient bed (whether acute or non-acute, including community and mental health care) and occurs when it is agreed professionally that a patient is ready to depart from the inpatient setting, but is still occupying a bed. A patient is defined as ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer;
- a multi-disciplinary team (MDT) decision has been made that the patient is ready for transfer;
- the patient is safe to discharge/transfer.

24 A MDT in this context should be made up of people from different professions, including social workers where appropriate, with the skills and expertise to address the patient's ongoing health and social care needs. If there is any concern that a delay has been caused by the actions or inactions of a local authority, they should be represented in the MDT. The way that the team is organised and functions is fundamental to timely discharge and to the patient's wellbeing.

25 Information about DTOCs is collected across all inpatient units on the monthly delayed transfers situation report (SitRep) return. The focus of the return is to identify patients who are in the wrong care setting for their current level of need and this includes any patients waiting for external transfer in all NHS settings, irrespective of who is responsible for the delay.

26 The data is captured in three categories: patients who are delayed due to NHS reasons, patients who are delayed due to local authority reasons, and patients whose delay is jointly attributable.

27 The NHS is still required to notify relevant local authorities of a patient's likely need for care and support and (where appropriate) carer's support, where the patient is unlikely to be safely discharged from hospital without arrangements for such support being put in place first (an assessment notice). The NHS also has to give at least 24 hours' notice of when it intends to discharge the patient (a discharge notice).

28 For effective coding and DTOC validation, figures on DTOCs must be agreed with the Directors of Adult Social Services (DASSs), in particular those whose residents are regular users of hospital services. NHS bodies will need to have a secure and responsive system with local care and support partners, which will

enable these figures to be agreed by an appropriate person acting in the authority of the DASS within the necessary timescale for returning data.

Improvements made in 2017/18

29 Across Leicester, Leicestershire and Rutland (LLR), DTOCs have improved significantly during the 2017/18 financial year, despite not meeting the BCF target. Monthly delayed days per 100,000 population has fallen from 11.53 on average in 2016/17 to 9.04 in 2017/18 and by the end of March 2018, even after a very difficult winter for health and care services, Leicestershire achieved a rate of 7.14, (albeit still short of the target of 6.84).

30 Overall, there has been a 21% reduction in delayed bed days when compared to the 2016/17 financial year. For adult social care attributable delays the improvement was even greater. There was a 24% reduction in delays attributable to adult social care over 2017/18 compared to 2016/17.

31 When analysing the hospital provider data, it shows the greatest reductions in delays are attributable to the Leicestershire Partnership NHS Trust (LPT), community hospitals and non-acute hospital wards. Exact comparable data for 2016/17 is not available, however when comparing the first half of the 2017/18 financial year with the second half there was a 44% reduction in the overall average monthly delays in the last six months of the year. For the LPT delays attributable to adult social care, there was a large reduction in the latter half of the 2017/18 financial year of 98% when compared to the first half of the year.

32 Conversely, the overall delays at University Hospitals of Leicester (UHL) have risen in the second half of the year by 24%. Adult social care delays have also risen in this period but remain low from eight in the first half of the year to 14 in the latter half of the year. So the decline in adult social care performance is relatively slight when considered in context.

33 Many actions from across LLR contributed to the reduction in DTOCs from October 2017. Below shows the activity that took place during this period:

- 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;
- development of the Integrated Discharge Team (IDT) in UHL;
- utilising the Red2Green process, which looks at patient delays on a daily basis in UHL and community hospitals;
- Multi Agency Discharge Events (MADE) in January 2018, concentrated efforts across partners to focus on DTOC actions and specific patients including those with long length of stay to maximise impact on delays;
- Improvements were made to the discharge to assess process including accessing short stay beds at Peaker Park (pilot of 14 beds) – to impact the number of permanent admissions to care homes;
- Improvements in social care practice, rigorous management oversight and development of robust sign off agreement processes;

- Help to Live at Home, domiciliary care service, designed to help service users achieve maximum possible independence at home by focusing on reablement and maximising independence.

Actions in progress

34. In line with the LGA/NHS publication Eight High Impact Actions for DTOC, the Adults and Communities Department is working with Health partners to improve performance taking a system wide approach. An LLR wide DTOC action plan is in place and is being enacted by all partners. This continues to be a top priority for all, including Leicestershire's adult social care team.

35 Key elements of the action plan include:

- Expansion of the IDT at the acute hospital;
- Delivering a "Home First" philosophy;
- Targeted actions for mental health, community hospitals and learning disability sites/DTOC cases outside of acute care. This has included introducing a new five bedded step down facility for mental health patients;
- Supporting self-funders to make more informed, speedier choices around care;
- System-wide leadership and commitment to improving the D2A pathways across LLR.

36 In April 2018, representatives from LLR's health and social care organisations joined a peer learning programme alongside Nottinghamshire, Worcestershire and Essex. The aim is to collectively share good practice and produce further solutions for improving DTOC, in particular for patients in non-acute hospitals. Leicestershire will share the recent improvements made in non-acute learning disability cases.

37 LLR health and social care partner agencies currently have a weekly senior escalation teleconference to discuss rapid resolution of current delays and tackling common themes, individual patients who are significantly delayed and system issues for patients delayed within LPT's community services.

38 Since April 2017, various cross agency initiatives have been undertaken across LLR to ensure that recording of data is accurate and timely. A key driver has been to ensure collective understanding and ownership of the challenge to meet revised national targets.

39 In October 2017, the Director of Adults and Communities formally wrote to all out of county hospitals where there is an identified mis-coding of DTOCs to request compliance with more rigorous expectations and accountability for coding prior to submission to the Unify collection system. Out of county hospital delays have historically accounted for around a third of all adult social care attributable delays but these data returns were not an accurate reflection of activity. A more robust sign off process was needed to be developed and since making contact with this cohort of out of county hospitals rigorous reporting and sign off processes have been developed.

40 During the first half of 2017/18, out of county delays totalled 433 days. As a result of improved management oversight the number of delayed days in the second half of the year was 275. This equated to a reduction of 36%. Improvement is even more noticeable when compared to 2016/17. During that year out of county hospitals averaged 555 days for a half-year period.

Leicestershire's DTOC Target for 2018/19

41 On 15 May 2018, new BCF **provisional** DTOC targets for 2018/19 were issued. If confirmed, Leicestershire's target will be adjusted from 6.84 to 7.88. The table below indicates how the target will be comprised across the three categories of NHS, adult social care and jointly attributable delays.

Average Days Delayed per Day per 100,000 population (Target)

	Average Days Delayed per Day per 100,000 population – Target/Threshold			
	NHS	**Adult Social Care**	**Joint**	**Total**
2017/18 (November 2017 Target)	3.78	1.33	1.73	6.84
2018/19 (Provisional, September 2018 Target)	5.50	1.25	1.13	7.88

Conclusion

42 DTOC performance has improved overall during 2018/19 in Leicestershire, in particular in the case of adult social care attributable delays, however the 2017/18 DTOC BCF target of 6.84 was not achieved. Performance at March 2018 was 7.14.

43 The provisional DTOC target for 2018/19 was notified to Leicestershire in May 2018 and is proposed to be 7.88. The new target is being discussed at the Integration Executive on 5 June 2018. The target remains provisional until the BCF guidance for 2018/19 is published (this has not yet been published at the time of writing this report).

44 The multi-agency action plan to improve DTOC continues across all partners. This has proved effective in 2017/18 as demonstrated in the progress described in this report.

Equality and Human Rights Implications

45 There are no equality or human rights implications arising in this report.

Background Papers

High Impact Change Model – Managing Transfer of Care
https://www.local.gov.uk/sites/default/files/documents/Impact%20change%20model%20managing%20transfers%20of%20care%20(1).pdf

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

Report to Cabinet: 10 October 2017 – Delayed Transfer of Care and Assurance of the Leicestershire Better Care Fund Plan
http://politics.leics.gov.uk/ieListDocuments.aspx?MId=4864 (item 46)

Report to Adults and Communities Overview and Scrutiny Committee: 14 November 2017 – Delayed Transfers of Care - https://bit.ly/2IGD18i

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