

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 7th September 2017

Decision Type: Non-Urgent Non-Executive Non-Key

Title: Delayed Transfer of Care (DToC) Performance

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Chief Officer: Ade Adetosoye, Deputy Chief Executive and Executive Director
Education, Care and Health Services
Angela Bhan, Chief Officer, Bromley CCG

Ward: All

1. Summary

2. The NHS England Mandate for 2017-18 sets a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 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 in every 100,000 adults (i.e. equivalent to a DToC rate of 3.5%).

The Integration and Better Care Fund Planning Requirement 2017-2019 required Health and Wellbeing Boards to submit a local DToC metric with expected reductions in both social care and NHS attributed delays alongside the first quarterly iBCF spending return.

The paper provides oversight of the submitted return and analysis of local performance in delayed transfer of care.

3. Reason for Report going to Health and Wellbeing Board

The report is for information and provides an overview of the submitted DToC target, for which the HWBB has oversight.

4. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

It is advised that:

- The Health and Wellbeing Board receives regular reports on DToC performance locally and progress against plans to reduce delayed transfers.
- The Health and Wellbeing Board delegates responsibility for implementation and achievement of associated elements of the DToC target to:
 - Angela Bhan as the Chief Officer of Bromley CCG and Chair of the A&E Delivery Board for the achievement in reduction of NHS attributed delays
 - Ade Adetosoye as the Deputy Chief Executive and Executive Director Education, Care and Health Services for achievement of social care attributed delays.

Health & Wellbeing Strategy

1. Related priority: Delayed Transfer of Care

Financial

1. Cost of proposal: within existing budgets
 2. Ongoing costs: within existing budgets
 3. Total savings: Not Applicable:
 4. Budget host organisation:
 5. Source of funding:
 6. Beneficiary/beneficiaries of any savings:
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Supporting Public Health Outcome Indicators:

Yes, reducing mortality and morbidity by reducing unnecessary stays in hospital

5. COMMENTARY

5.1 A target of 13.72 bed days per day has been submitted to NHSE, which is a 24% reduction on 16/17 out turn activity of 17.63 bed days per day equating to 3802 total delayed days from September to March 2018. This equates to 9 bed days per day (2488 delayed days) attributed to social care delays and 4.3 bed days/day (1130 delayed days) for NHS attributed delays and 0.4 attributed to both systems.

5.2 The original target given by NHSE suggested a 24% reduction on January – April 2017 performance (from 13.79 bed days/day to a target of 10.31 bed days/day). This does not take into account seasonal variations in performance and is significantly lower than the 2017/18 out turn figure of 17.63 delayed days/day. Based on 2017/18 out turn, the suggested target of 10.31 delayed days/day would require a 58% reduction.

5.3 There is also variation in published figures and those used by NHSE to come to the proposed target. London Borough of Bromley and Bromley CCG have therefore submitted a joint target of 13.40 bed days/day based on a 24% reduction given by NHSE but applied to the 17/18 out turn figure, and not the lower January – April 2017 figure. NHSE has yet to confirm acceptance of this proposal.

6 IMPACT ON VULNERABLE PEOPLE AND CHILDREN

The implementation of the Bromley Discharge to Assess (D2A) model will ensure vulnerable adults who have been acutely unwell but have on-going care and support needs, are appropriately assessed and supported in the right place at the right time to maximise recovery, independence and staying well in the community for longer. The D2A model will also reduce the risk of infection and deconditioning associated with prolonged hospital admission by reducing length of stay post medical optimisation.

7 FINANCIAL IMPLICATIONS

8 LEGAL IMPLICATIONS

The Government have mandated NHSE to agree Delayed transfer of Care Targets with local Health and Wellbeing Boards to come into effect from September 2017. The Integrated and Better Care Fund Planning Guidance requires HWBB to submit a DToC metric including NHS and social care attributed delay targets by July 2017.

9 IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM

Delegated responsibility for achieving the health associated DToC to the A&E Delivery Board, which will be overseen by the evolving joint commissioning arrangements being developed between London Borough of Bromley and Bromley CCG

10 COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Reducing the level of Delayed Transfers of Care (DToCs) is challenging but clearly is an important area of joint working between health and social care services. Reducing the level of unnecessary hospital stays for vulnerable patients will have significant impact on maintaining independence and health

Non-Applicable Sections:	Financial Implications Supporting Public Health Outcome Indicators
Background Documents: (Access via Contact Officer)	[Title of document and date]

Glossary

A&E	Accident and Emergency
BCF/iBCF	Better Care Fund
CCG	Clinical Commissioning Group
D2A	Discharge to Assess
DToC	Delayed Transfer of Care
HWBB	Health and Well Being Board
LBB	London Borough of Bromley