
Decision Maker: **HEALTH AND WELLBEING BOARD**

Date: **Thursday 7th June 2018**

Title: **DELAYED TRANSFER OF CARE (DTC) UPDATE**

Contact Officer: Jodie Adkin, Associate Director Urgent Care, Discharge Commissioning & Transfer of Care Bureau
London Borough Bromley/Bromley Clinical Commissioning Group
Tel: 07830 496 492 E-mail: Jodie.adkin@bromley.gov.uk

Ward: Borough-wide

1. Summary

1.1 A Delayed Transfer of Care (DToC) Performance update was circulated to HWBB members on 10th May 2018. This included an update on performance to date, as well as highlighting the on-going issues with nationally reported invalidated data.

1.2 This paper provides:

- Local and National Performance Update (see Section 7)
 - Update on invalidated data reporting by out of borough Hospitals (see Section 8)
 - Mental Health DToC validation processes and performance improvement (see Section 9)
 - Update from national departments on the future DToC target (See Section 10)
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2. Reason for Report going to Health and Wellbeing Board

2.1 The paper provides an information update to the Health and Wellbeing Board.

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

3.1 The Health and Wellbeing Board is requested to note the information update.

4. Health & Wellbeing Strategy

1. Related priority: Not Applicable

5. Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

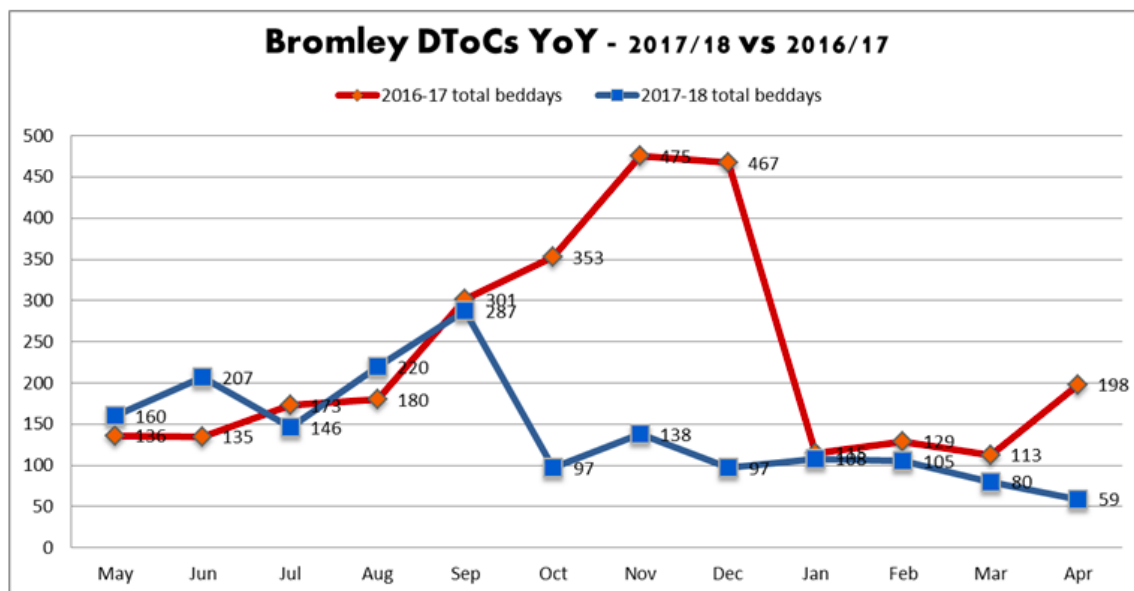
6. Supporting Public Health Outcome Indicator(s)

Not Applicable

4. COMMENTARY

LOCAL AND NATIONAL PERFORMANCE UPDATE

- 4.1 The chart below shows on-going DToC performance improvement at the PRUH in 2017/18 against the same period of the previous year. There has been a reduction in DToCs from 113 in March 2017 to 80 in March 2018 and 198 in April 2017 to 59 in April 2019, a combined total of 172 saved DToC days in the two-month period. Since September when the national reporting came into affect, a total of 1,208 DToC bed days have been saved at the PRUH.



- 4.2 Nationally, data has been published up to March 2018 with 319.7 DToC days reported in the month. April data will be published on 14 June 2018. Publication for the quarter, against the allocated Bromley Target is as follows.

	Reported Figures	Target	Variation
Jan	686.0	319.7	-366.3
Feb	506.0	288.8	-217.2
March	283.0	319.7	36.7

- 4.3 To note, the March figures do not include Mental Health, as they were unable to be submitted due to validation disputes. This has now been addressed and a figure of 128 DToC bed days for Oxleas has now been submitted.
- 4.4 Locally the BCF and iBCF continues to be focused on system improvement and development in order to reduce Delayed Transfers of Care. Improved integrated working around hospital discharge process through the Transfer of Care Bureau continues to have a positive impact on local and out of borough performance.

5. UPDATE ON UNVALIDATED DATA REPORTING BY OUT OF BOROUGH HOSPITALS

- 5.1 The table below shows the national reported DToCs by Trust (grey) against the number of days that are invalidated by Bromley (peach) and therefore being challenged. NHSE and ADASS are supporting Bromley in identifying the appropriate person in each Trust to provide the underlying data and retrospectively resubmit for the whole period. A deadline is being given to all Trusts of 30 June 2018 to resubmit the validated Bromley data in order to meet the national deadline of end of July. A joint letter from the MD of Bromley CCG and the Director of Adult Services

supported by ADASS and NHSE will be sent to all Trust Chief Executives to ensure this action is completed.

	Published DToC Days								Disputed DToC Days							
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Buckinghamshire Healthcare NHS Trust	25		23	18				66	25		23	18				66
Croydon Health Services NHS Trust	26	13	59	38	63	27	125	351	10	5	22	16	20	12	65	150
Dartford and Gravesham NHS Trust				14				14				14				14
Guys and St Thomas's Trust							12	12						0		0
King's College Hospital NHS Foundation Trust	220	108	181	181	167	112	111	1080	0	11	43	84	59	7	31	235
Lewisham and Greenwich NHS Trust	36	46	27	91	57	69	35	361	36	46	27	91	57	69	35	361
Oxford Health NHS Foundation Trust								0								0
Oxleas NHS Foundation Trust	105	242	261	248	357	275	128	1616	53	121	131	124	179	138	0	746
St George's University Hospitals NHS Foundation Trust					16	11		27					16	11		27
The Newcastle Upon Tyne Hospitals NHS Foundation Trust					4			4					4			4
Virgin Care Services Ltd	23	22						45	23	22						45
London North West University Healthcare NHS Trust						12		12						12		12
University College London Hospitals NHS Foundation Trust				29	9			29				20	9			29
Published									Disputed							
Total	3617								1689							

- 5.2 The total number of disputed days currently totals 1689; therefore 1928 days are being accepted by Bromley (total number of reported – total number of disputes) for the period of September 2017- April 2018. This would result in an average bed day/day of 9.09, which achieves the national target of 10.31 DToC bed days/day for Bromley.

Total Published days	3617
Number of disputed days	1689
Total validated DToC figures (published - disputed)	1928
Average bed day/day	9.09434
Variation against target (10.31)	1.21566

6. MENTAL HEALTH DToC VALIDATION PROCESSES AND PERFORMANCE IMPROVEMENT

- 6.1 A Mental Health DToC Partnership Group has been set up with senior representatives from across the Local Authority, CCG and Oxleas Foundation Trust. Membership from NHSE to provide support in achieving improvements across mental health DToC reporting and performance is also provided.
- 6.2 The Group undertook a 4 week live deep dive throughout April to unblock issues in current DToCs, as well as better understand the systemic issues leading to high reporting numbers. The deep dive was extremely positive with DToCs falling from 13 individuals at the beginning of the exercise, down to 2 at the end. All original DToCs were discharged during the period.
- 6.3 A robust monitoring and validation process has now been put in place with weekly DToC and potential DToCs being considered by the multiagency through bed management meetings, as well as formal updates provided to Adult Mental Health Practice Review Group chaired by the Director Adult Social Care. All data is to be formally agreed by the DAS and MD of CCG before any national submission is made.
- 6.4 In addition, a system wide Action Plan is under development to address the issues identified through the deep dive exercise to continue to drive systemic performance improvement.

7. UPDATE FROM NATIONAL DEPARTMENTS ON FUTURE DToC TARGET

- 7.1 Communication was received on 15 May 2018 updating local areas that nationally a revised methodology has been agreed to centrally set DToC targets. The information suggests that the methodology for the local target will be simplified using published data from winter between Septembers to December 2017. This differs from the previous year, which used one month and during the summer period creating an extremely challenging target that did not reflect seasonal variation.
- 7.2 A target will continue to be allocated to each Health and Wellbeing Board level as part of the BCF plans and split between health, social care and joint delays.
- 7.3 HWBBs will be notified formally of the proposed methodology through the updated BCF Operating Guidance 2018 – 2019 which is due to be published in May.
- 7.4 See Appendix A for full communication received from Health London Partnership

8. FINANCIAL IMPLICATIONS

- 8.1 A joint letter from the Secretary of State for Health and for Department of Communities and Local government to the Leader of the Council dated 5 December 2017 confirmed that 'there will be no impact on your additional iBCF allocation in 2018/19.'

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

- 9.1 Good progress is being made with a firm process for ensuring Bromley validates all nationally reported figures. The indicative performance is promising and reflects the hard work and significant impact improved integrated working has had on reducing Delayed Transfers of Care

Non-Applicable Sections:	Commentary, Impact on Vulnerable Adults and Children, Legal Implications and Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to process the item.
Background Documents: (Access via Contact Officer)	Not Applicable

**COMMUNICATION RECEIVED FROM HEALTH LONDON PARTNERSHIP
(VIA E-MAIL DATED 15TH MAY 2018)**

Dear Colleagues

The Government's Delayed Discharge Programme Board, chaired by DHSC with representation from other partners including MHCLG, NHSE, NHSI, LGA and ADASS, has agreed to refresh the BCF DToC ambitions for 2018-19. DToC ambitions in 2018-19 will be centrally set, but the methodology has been revised in order to reflect the progress made in 2017-18 and simplify the methodology from last year.

The draft provisional ambitions have been shared informally prior to formal publication to allow areas to understand the revised methodology with formal notification of the approach to be sent through the publication of the BCF Operating Guidance for 2018-19 which is likely to be in May but is currently subject to final clearance by partners and therefore there is an uncertainty over the timing of these publications.

National DToC ambition

The national expectation for 2018-19 is that the number of hospital beds occupied by people whose transfer has been delayed should not average more than 4,000 by end September. This national expectation reflects the Government's Mandate to NHS England for 2018-19 setting an ambition for reducing DToC, to be met through partnership working between the NHS and local government. This national expectation represents a similar overall ambition to the 2017-18 mandate, which set a deliverable using a different measurement -that delays should not be more than 3.5% of occupied beds. This change is intended to give a clearer read across to local Health and Wellbeing Board (HWB) published performance metrics which are expressed as an average number of people delayed per day.

DToC ambitions continue to be set at a HWB level as part of BCF plans and are split between Social Care, NHS and Joint delays. The required reductions from the baseline, at a national level, are split equally between NHS and Social Care delays. It is expected that Joint delays will remain nationally at their baseline level.

Outline methodology

The baselines are calculated using UNIFY data for delayed discharges from October to December 2017 for delays attributed to NHS, social care or jointly respectively.

The DToC ambitions have been calculated:

- using a 3 month baseline based on Quarter 3, 2017-18 data (instead of 1 month as was used in the previous year)
- to deliver the mandate ambition of fewer than 4,000 daily delays and the reductions from the baseline to be nationally split 50:50 between NHS and ASC delays – but locally, the degree of reductions expected will not be equal
- to express ambitions in 'delays per day' consistent with the unit utilised in the NHS Mandate and the standard published DToC metrics.
- to give a specific ambition for each HWB area, comprised of expectations for social care, NHS and joint delays
- based on three bands for social care and NHS delays. These bands are based on the level of DToCs in each HWB per 100,000 18+ population. The ambitions themselves are expressed as daily delays across the HWB area
- cover delays in discharge from Acute, Community and Mental Health trusts.

We have looked at the methodology for London, summarised below and thought it would be good to share our findings with you.

London Impact

- Proposed target will be **more relaxed** than the current one for **18 HWB**.
 - In 13 of these HWB the new target is only marginally easier to achieve, with a difference of 3 bed days at most.
 - Camden is going to benefit the most, as its new target is 7 days higher than the current one.
- Proposed target will be **harsher** than the current one for **15 HWB**.
 - For 5 of these HWB, this is only marginally more difficult to achieve, as the new target is less than 3 days lower than the previous one.
 - Hillingdon will face the biggest change, with a reduction of 11 days. Hillingdon hospitals have been performing very strongly in the last few months, and the new target reflects this.
- At an STP level, NWL, SWL, NEL and NCL will all have more challenging targets. The most affected STP is NWL, with a new target which is 14 days lower than the current one (this is because of Hillingdon, which is in NWL).
- On the other hand, SEL will have a more relaxed target by 12 days.
- At London level, the new target goes **down by 13 days** from 429 to 416.

If we were using the new targets today, London would have missed its bed day target by 3 bed days in March 2018, whilst we would have met it by 23 days back in January 2018.

I hope this helps, but please let me know if you have any questions.

Grant Aitken

Programme Lead Care Closer to Home

Healthy London Partnership – Transforming London's health and care together