Leeds Health and Wellbeing Board

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Report to: Leeds Health and Wellbeing Board

Date: 23 November 2017

Subject: Delayed Transfers of Care (DTOCs)

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: N/A Appendix number:	☐ Yes	☒ No

Summary of main issues

All Health and Care Systems are required to improve the flow of patients from hospital into community settings. The improved Better Care Fund 'spring monies' are contingent upon agreeing trajectories for reducing the current number of DTOCs to one whereby a maximum of 3.5% of all hospital beds are occupied by DTOCs by the end of November 2017.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the definition of DTOCs.
- Note the impact on the system of high levels of DTOCs.
- Note the level of improvement required to deliver the 3.5% iBCF target.
- Note the challenges and risks faced by the Health and Care System partners in Leeds associated with delivery of the agreed iBCF trajectory.
- Note issues associated with DTOC baselines and trajectories with assessment of position and proposed approach to changes to be reported back to HWB.

1 Purpose of this report

1.1 The purpose of this report is to provide the Health and Wellbeing Board (HWB) with:

- A summary understanding of the term DTOC and how DTOCs are categorised.
- An understanding as to current position in relation to number of DTOCs
- An understanding of the degree of challenge associated with delivery of iBCF target.

2 Background information

2.1 NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

2.2 DTOCs include circumstances when patients are ready to be discharged home with support (home care package, community nursing, etc.), to a supported care facility (e.g. residential or nursing home) or to a community hospital or hospice.

2.3 As soon as an adult patient meets these three conditions and remains in hospital, the clock starts and they are classified as ‘a delayed transfer’.

2.4 Delays can arise because the assessment required to understand patient’s needs and identify the most appropriate community support required have not been completed.

2.5 Even if all assessments have been completed and discharge support required has been identified there are other factors that can compound the delay. These can include:

a) Waiting for public funding to be agreed and housing issues.
b) Lack of capacity in community settings to meet patient needs.
c) Disputes between families/patients and providers concerning where the patient should be transferred.
d) Waiting for equipment to be installed.

2.6 All hospitals are required to record delayed discharge that meet the above criteria and submit it to NHS England on a monthly basis.

2.7 NHS England has historically published two measures: the number of patients still delayed at midnight on the last Thursday of the month, and the total number of bed days taken up by all delayed patients across the whole calendar month. The former measure was discontinued in April of this year, making the sole focus that of bed days lost to the system.

2.8 The data is collected under a number of categories giving reason for delay and responsible statutory body be that NHS or Local authority (LA). This information is provided to NHS England by every hospital with a separate table for each Local Authority area on a monthly basis.

2.9 The table below provides a recent example of table of weekly delays (in bed days) at Leeds Teaching Hospital.

Code	Delay Description	NHS	LA	Tot
A	Completion of Assessment	83	21	104
B	Public Funding		10	10
C	Further Non Acute NHS Care (Incl. Intermediate Care, Rehabilitation etc.)	59		59
D1	Care Home Placement - Residential Home		16	16
D2	Care Home Placement - Nursing Home		28	28
E	Care Package in Own Home		7	7
F	Community Equipment/Adaptions	13		13
G	Patient or Family Choice	213		213
H	Disputes	22		22
I	Housing - Patients Not Covered by NHS and Community Care Act	18		18
Grand Total		**408**	**82**	**490**

2.10 In Q4 of last financial year (Jan-Mar) there was an average of 83 Leeds residents waiting in hospitals every day. This roughly equates to around 580 bed days per week or 2500 per month. Of the 83, 59 were attributed to health and 24 to the local authority.

2.11 A national target of reducing the number of bed days associated with DTOCs from current rate to 3.5% of total beds occupied (i.e. the sum of all bed days in any given time period). Given the average total number of beds occupied by Leeds residents on any given day is close to 1700 a rate of 3.5% equates to 59 delayed patients per day.

2.12 This means that Leeds has to reduce from an average of 83 per day last winter to 59 per day for the winter coming (starting in November) i.e. a reduction of 24 per day.

2.13 We were advised by NHS England that the expected reduction of 24 should be on the following basis. A reduction of 13 for those where health was primarily responsible and 11 for those where delay as due to LA (reduction to be supported through use of iBCF monies).

2.14 The total reduction of 24 was not subject to challenge but systems were offered the opportunity to propose different numbers for the amounts to be delivered by the LA and the NHS. Any shift below 5% between the two would be subject to regional discretion with any greater shift subject to national approval. Leeds did not at the time of submission decide to make any changes to proposals.

3 Main issues

3.1 The impact of DTOCs and poor system flow is significant. These include:

- Suboptimal patient care increasing risks to patients leading to poorer recovery rates/outcomes
- Downstream impacts of beds not being available for patient with higher needs and/or those needing elective surgery
- Costs to system

3.2 The table below provides a breakdown of the DTOC by Trust and responsible authority over the last Q4 of 2016/17 which was compiled for the purposes of the urgent acceptance of targets required by NHSE in July as part of the iBCF preparations. This table demonstrates the degree of challenge required to reduce the numbers by NHS and LA.

Organisation	Leeds Total	Split	
		LA	Health
LTHT	59	8	51
LYPF	11	10	1
Others	13	6	7
Total Average Winter	**83**	**24**	**59**
Targets	**59**	**13**	**46**
Reductions	**24**	**11**	**13**

3.3 The table shows that whilst a focus on DTOCs in LTHT may be sufficient to reduce the numbers required attributable to the NHS the same cannot be said of those attributed to the LA. From the table above (assuming figures remain consistent with last winter) the LA would need to place a much greater focus on LYPFT and other providers in order to reduce number of DTOCs by the target of 11.

3.4 Since the publication of the trajectories the number of DTOCs has increased.

Latest Position: The table below shows the latest available national figures for DTOCs in Leeds as reported on the NHS England website

September	NHS	Social Care	Both	Total
Leeds	78	34	3	115
November Target	46	13		
Distance from Target	32	21		

3.5 The table shows that the position across all providers for August 2017 is 115. This is higher than the average for last winter and higher than the target agreed through the iBCF submission. Failure to improve against the current position constitutes a risk to iBCF funding allocations.

3.6 There are a number of reasons for the deterioration in the position including:

- Increase in LTHT NHS Delays associated with move to new bed capacity.
- Increase in the numbers of DTOCS recorded at LYPFT from 11 at baseline to 27 as of September. Early indication is that the numbers in LYPFT will increase to around 35 in October.

3.7 Whilst the position within LTHT is likely to improve as the new community beds come on stream the position within LYPFT is not likely to return to the levels reported in Q4 of 2016/17. The number of DToCs reported by LYPFT have recently gone up significantly. Work is ongoing to better understand why this is the case, whether it is due to reporting processes or increase in caseloads, alongside an action plan to address. The change in numbers is likely to make national trajectories undeliverable for both NHS and LA unless the baseline can be adjusted with NHS England

3.8 In addition information available through the NHSE website has also called into question whether the relative split of the target between the NHS & LA was correctly set. NHS England website suggests that the LA target should be 2.6 bed days per week per 100,000 population. Using population as a basis would, based on local calculations, indicate that the LA target should be 16 bed days per week. Given the size of the challenge to the LA outlined above in meeting the initial target, it is proposed that consideration be given to revising the LA target from 13 to 16 DTOCS per week. This would have the corresponding impact on the NHS target reducing it from 46 to 43, to maintain our overall systems target included in the BCF submission of 59.

3.9 Given the issues above partners are seeking guidance from NHS England with regards to whether partners in Leeds are able to reset the baseline and trajectories. The proposal is that partners within Leeds fully review the current level of DTOCs to ensure that we fully understand our baseline and propose changes to NHS England to reflect system changes.

3.10 **Our plans to reduce DTOCs**: There are few quick fix and or low cost solutions to reducing DTOCs and improvement requires considerable partnership working. The systems is transforming but this will take time. In the meantime the system through its Winter Plan and the iBCF is in the process of implementing a number of initiatives to support reductions.

3.11 It is clear that the health and care system needs to understand whether the many initiatives being implemented are having the desired impact. At present reporting is on a monthly basis whereby providers submit to NHS England figures for the previous month. NHS England then publishes the consolidated position a month later. The health and care system is not in a position to respond in real time to issues.

3.12 Leeds CCG and Social Care Leaders are seeking to establish weekly reporting by our main providers LTHT and LYPFT. We are currently developing a weekly report and processes to monitor on a more real time basis the level of DTOCs. This will include a weekly report on numbers of DTOCs from LTHT and LYPFT along with a review of delays (not nationally reported) in discharge from Community Beds to avoid problems in flow in sub-acute settings.

3.13 In addition weekly meetings are being established with each provider to review issues associated with delays.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Routine monitoring of DTOC is undertaken by a BCF Delivery Group with representation from commissioners across the city. This group reports in to the Integrated Commissioning Executive (ICE), which is the main decision making forum relating to the BCF in Leeds.

4.2 Equality and diversity / cohesion and integration

4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of experience of care is not comprised. The vision that ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’ underpins the Leeds Health and Wellbeing Strategy 2016-2021. The services funded by the BCF contribute to this aim.

4.3 Resources and value for money

4.3.1 There is a system and financial risk associated with non-delivery of the reduction in DTOCs as targeted within the iBCF. Non delivery may result in a loss of funding available through nationally allocated funds.

4.4 Legal Implications, access to information and call In

4.4.1 There are no access to information and call-in implications arising from this report.

4.5 Risk management

4.5.1 There is a system and financial risk associated with non-delivery of the reduction in DTOCs as targeted within the iBCF. Non delivery may result in a loss of funding available through nationally allocated funds.

4.5.2 Weekly reporting is being established to improve the ability of the system to track performance and wherever possible react to issues.

5 Conclusions

5.1 The current level of DTOCs in Leeds is higher than the 3.5% target set by NHS England. Delivery of the DTOC trajectory will be a significant challenge for all health and social care systems. The current performance is below the trajectory agreed within the iBCF. There is a risk that the system will struggle to reduce the number of DTOCs.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the definition of DTOCs
- Note the impact on the system of high levels of DTOCs
- Note the level of improvement required to deliver the 3.5% iBCF target
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7 Background documents

7.1 N/A

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How does this help reduce health inequalities in Leeds?

Not directly.

How does this help create a high quality health and care system?

Ensures that patients get care in the most appropriate settings to their needs. Long hospital stays are know to significantly reduce patients (especially elderly) ability to recover and regain function. Facilitating discharge at the earliest possible stage offers patients the best opportunity to maintain their health

How does this help to have a financially sustainable health and care system?

Acute hospital beds are both scarce and costly. The cost of a hospital bed is estimated at anywhere between £200 and £400 per day. Providing care in community settings is more cost effective. In addition the longer a patient stays in hospital the more likely it is that they will become more dependant, and therefore more expensive, to care for in community settings. As such reducing DTOCs (and associated bed days) is generally more cost effective for a health and care system as a whole

Future challenges or opportunities

There is an opportunity for a report back to the HWB on the issues associated with the DTOC baselines and trajectories with assessment of position and proposed approach to changes.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X