

Better Care Fund
Cambridgeshire & Peterborough
Provisional Delayed Transfers of Care (DTOC) Metrics 2018-19
Briefing Note

Background

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 to simplify the methodology from last year.

NHS England have informally shared the draft provisional ambitions with local areas. Formal publication of DTOC ambitions is expected through the BCF Operating Guidance for 2018/19, which is expected imminently.

This briefing provides an explanation of the revised methodology and the impact on the local BCF DTOC targets for 2018-19.

Recommendations

1. The Quarter 3 baseline information has been reviewed and we agree locally with the figures published in the Provisional DTOC ambitions.
2. Familiarisation of the new provisional 2018/19 DTOC targets and understand how they fit with local ambitions to deliver the 3.5% target, so we have a clear local articulated target trajectory that we are working to as a system.

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.

Outline methodology

The DTOC ambitions have been calculated:

- using a 3 month baseline based on Quarter 3, 2017-18 UNIFY data (instead of 1 month as was used in the previous year)
- to deliver the national mandate ambition of fewer than 4,000 daily delays
- 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
- cover delays in discharge from Acute, Community and Mental Health trusts.
- 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
- reductions are weighted within each band so that the greatest level of reduction is expected from areas that have the highest levels of delays currently.

The bands utilised in the methodology are as follows:

Baseline	Bands utilised to calculate reductions to arrive at ambitions
NHS	
DTOC rate below 5.5 daily delays per 100,000 18+ population	Maintain that rate
DTOC rate between 5.5 and 7.9 daily delays per 100,000 18+ population	Reduce to 5.5 daily delays per 100,000 18+ population
DTOC rate over 7.9 daily delays per 100,000 18+ population	Reduce delays by 30%
Adult Social Care	
DTOC rate below 2.6 daily delays per 100,000 18+ population	Maintain that rate
DTOC rate between 2.6 and 4.3 daily delays per 100,000 18+ population	Reduce to 2.6 daily delays per 100,000 18+ population
DTOC rate over 4.3 daily delays per 100,000 18+ population	Reduce delays by 40%

What does this mean for Peterborough and Cambridgeshire DTOC metrics?

Peterborough

The Quarter 3 baselines are based on publicised UNIFY data. During October-December 2017, there were a total of 1893 delayed bed days across the Peterborough Local Authority footprint, this equates to an average rate of 20.6 daily delays. The below table provides a breakdown of NHS, Social Care and Joint attributable delays, as well as the per 100,000 population conversion¹.

¹ Peterborough revised 2016 population mid-estimate 147,820 as per NHS England Provisional DTOC Ambitions Guidance.

	Q3 BCF baselines	
	Daily delays	daily delays per 100,000 population
NHS	18.3	12.4
Social Care	0	0
Joint	2.3	1.5
Total	20.6	13.9

Based on this level of performance in Quarter 3, the following target methodology has been applied to set the 2018/19 provisional DTOC ambitions, which we are expected to deliver by September 2018:

- NHS DTOC rate is above 7.9 daily delays per 100,000 18+ population: we are expected to reduce delays by 30%
- Social Care DTOC rate is below 2.6 daily delays per 100,000 18+ population: we are expected to maintain performance
- Joint DTOC rate: we are expected to maintain performance.

The 2018/19 provisional DTOC targets are outlined in the table below.

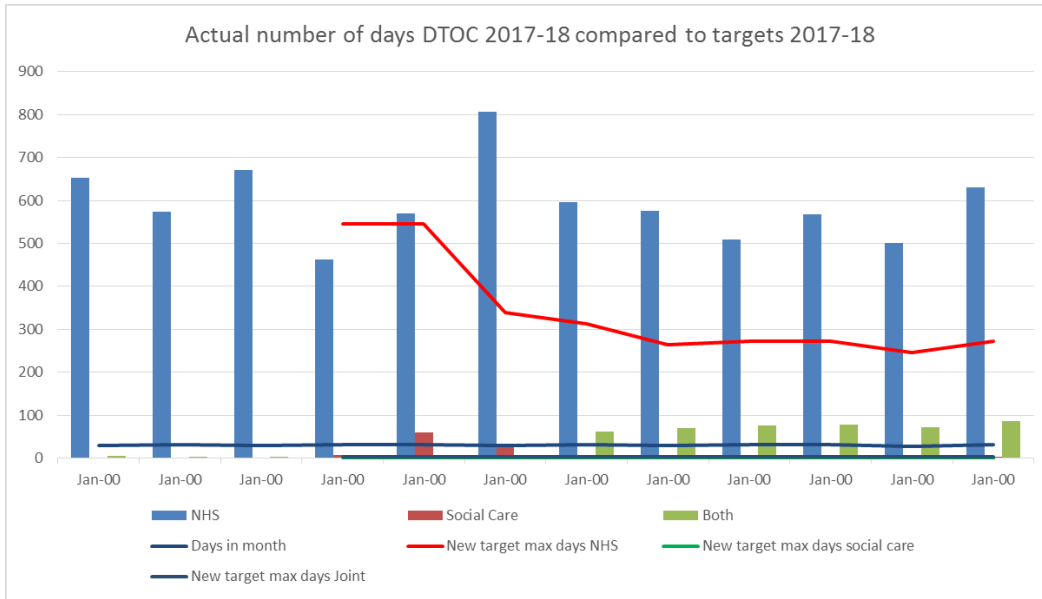
	2018/19 BCF Target - Daily delays
NHS	12.8
Social Care	0
Joint	2.3
Total	15.1

2017/18 targets were aligned to the 3.5% DTOC acute footprint target². In terms of comparison against 2017/18 metrics, the new target impact is outlined below:

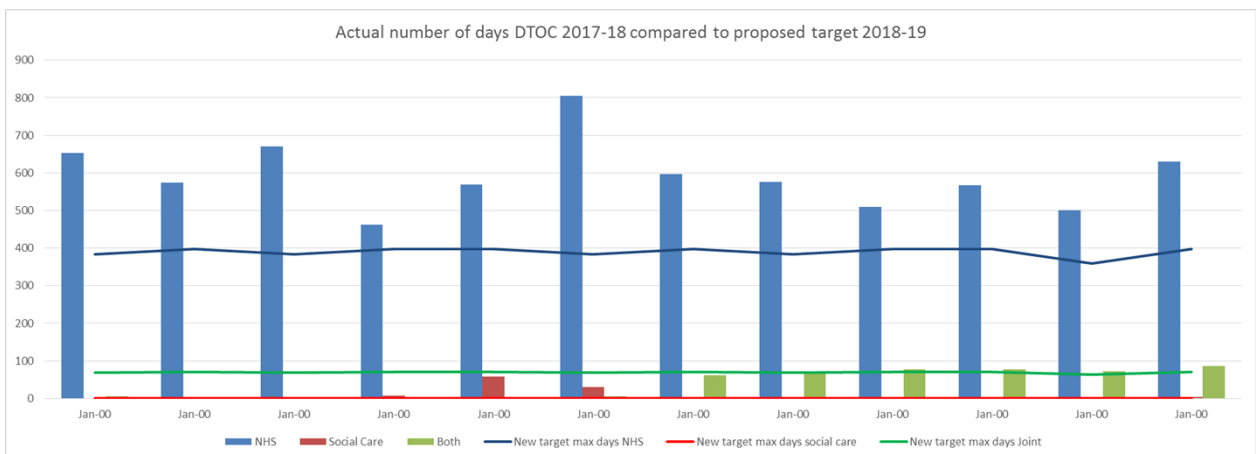
- Continued maintenance of the Social Care attributable delays target (2017/18 target equated to a rate of 0 daily delays);
- Relaxation of the NHS attributable delays target (2017/18 target equated to a rate of 8.8 daily delays);
- Relaxation of the Joint attributable delays target (2017/18 target equated to a rate of 0.1 daily delays).

The below graph outlines actual DTOC performance in 2017/18 against 2017/18 BCF DTOC targets.

² NHS England published Integration and Better Care Fund Planning Requirements 2017-19 outlined that the NHS England Mandate for 2017-18 set 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 below graph provides a comparison of how 2017/18 performance would map against the provisional 2018/19 BCF DTOC targets.



Cambridgeshire

The Quarter 3 baselines are based on publicised local authority footprint UNIFY data. During October-December 2017, there were a total of 8143 delayed bed days across the Cambridgeshire local authority footprint, this equates to an average rate of 88.5 daily delays. The below table provides a breakdown of NHS, Social Care and Joint attributable delays, as well as the per 100,000 population conversion³.

³ Cambridgeshire revised 2016 population mid-estimate 510,855 as per NHS England Provisional DTOC Ambitions Guidance.

	Q3 BCF baselines	
	Daily delays	daily delays per 100,000 population
NHS	59.3	11.6
Social Care	25.6	5
Joint	3.6	0.7
Total	88.5	17.3

Based on this level of performance in Quarter 3, the following target methodology has been applied to set the 2018/19 provisional DTOC ambitions, which we are expected to deliver by September 2018:

- NHS DTOC rate is above 7.9 daily delays per 100,000 18+ population: we are expected to reduce delays by 30%
- Social Care DTOC rate is above 4.3 daily delays per 100,000 18+ population: we are expected to reduce delays by 40%
- Joint DTOC rate: we are expected to maintain performance.

The 2018/19 provisional DTOC targets are outlined in the table below.

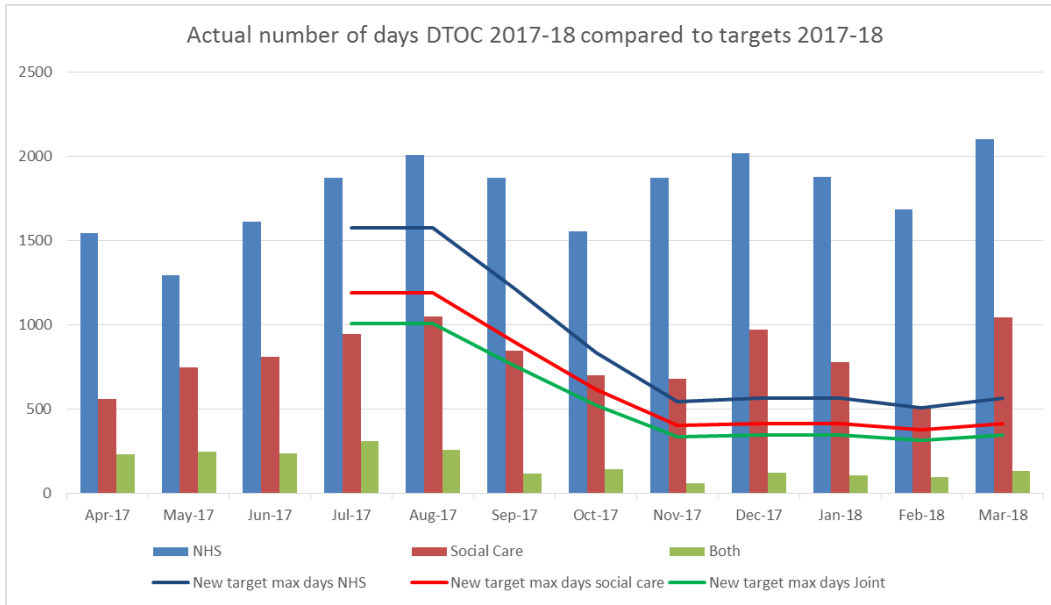
	BCF Target
NHS	41.5
Social Care	15.3
Joint	3.6
Total	60.4

2017/18 targets were aligned to the 3.5% DTOC acute footprint target⁴. In terms of comparison against 2017/18 metrics, the new target impact is outlined below:

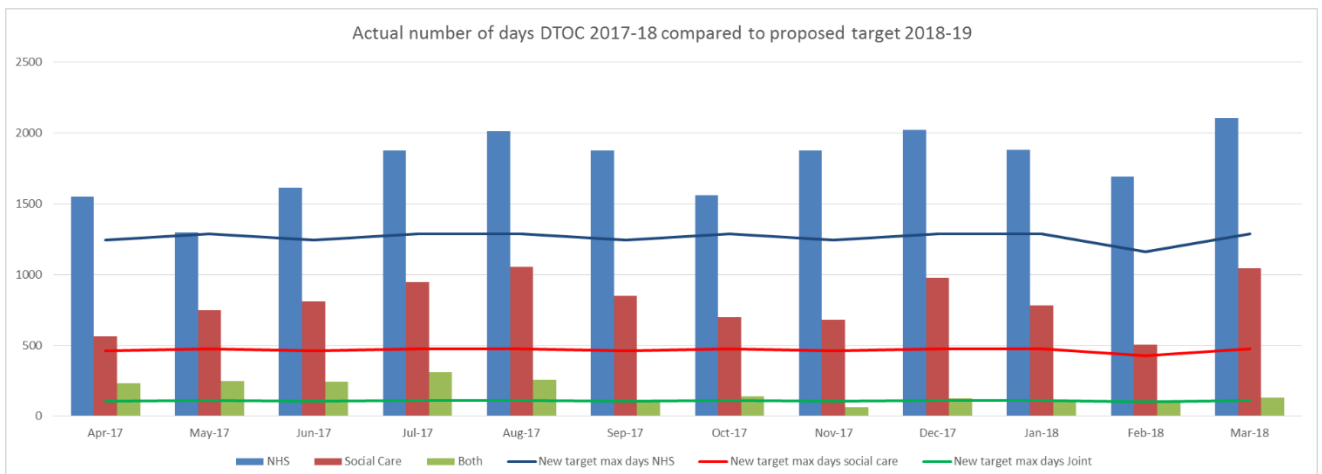
- Marginal relaxation of the Social Care attributable delays target (2017/18 target equated to a rate of 13.5 daily delays);
- Relaxation of the NHS attributable delays target (2017/18 target equated to a rate of 18.2 daily delays);
- Harsher target for Joint attributable delays due to strong performance in quarter 3 (2017/18 target equated to a rate of 11.3 daily delays).

The below graph outlines actual DTOC performance in 2017/18 against 2017/18 BCF DTOC targets.

⁴ NHS England published Integration and Better Care Fund Planning Requirements 2017-19 outlined that the NHS England Mandate for 2017-18 set 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%).



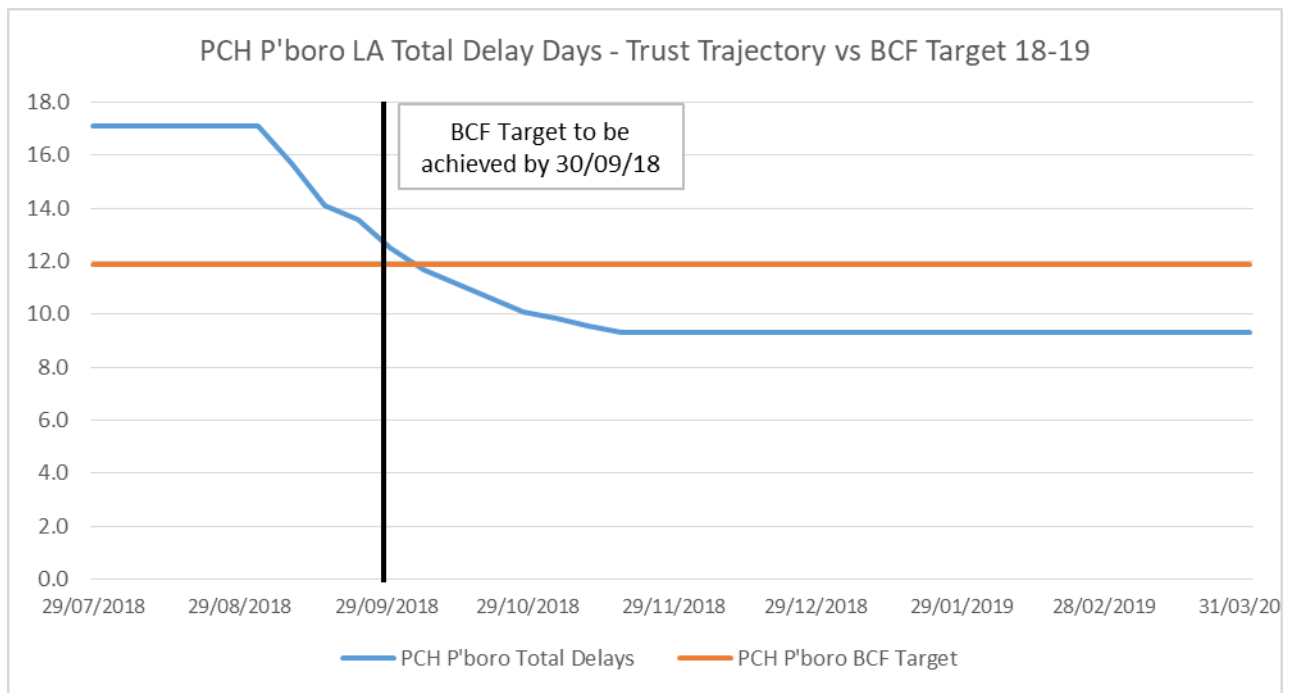
The below graph provides a comparison of how 2017/18 performance would map against the provisional 2018/19 BCF DTOC targets.



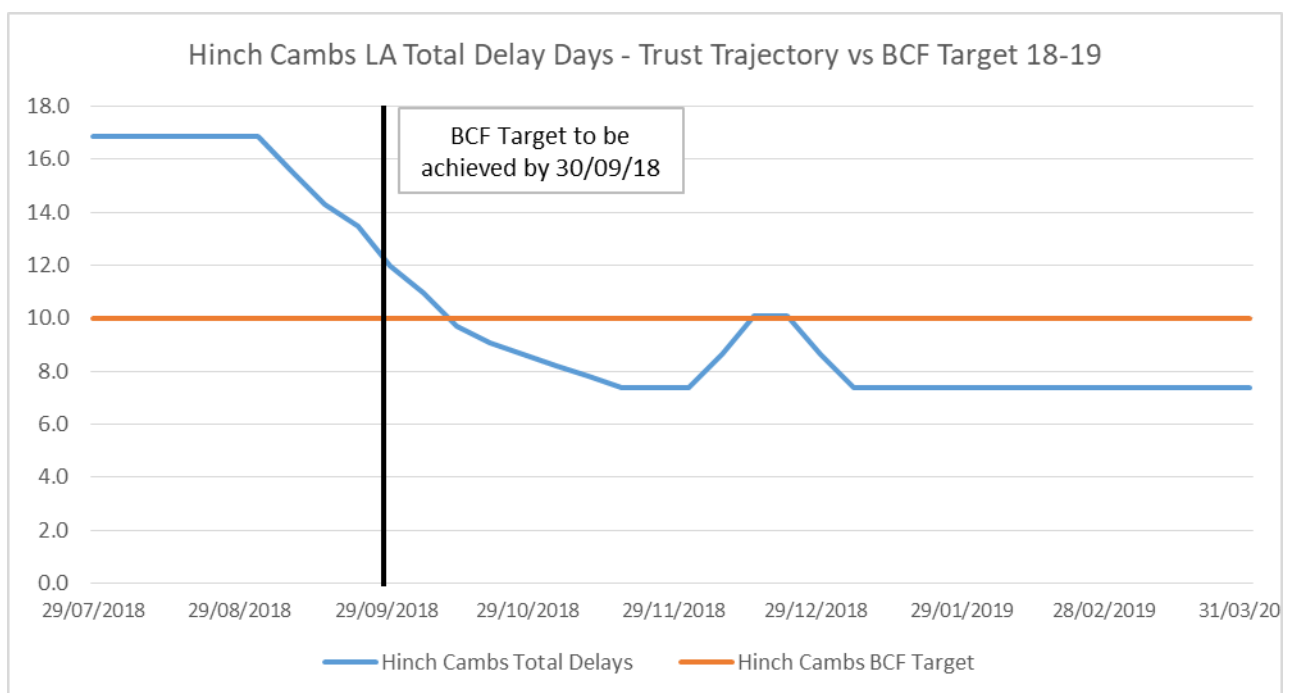
Summary

The DTOC expectations for each Health and Wellbeing Board area for 2018/19 are being set nationally and our local Better Care Fund performance will be monitored against these revised targets, some of which represent a relaxation of 2017/18 targets. However, irrespectively, as a system we have senior leadership commitment to deliver the 3.5% locally and this will continue to be our local ambition for DTOCs. Delivery of 3.5% locally will exceed the BCF national expectations, though based on agreed local trajectories for each of the acute footprints, we are unlikely to hit the BCF targets by the end of September, missing this by a few weeks, as outlined in the below comparison graphs.

Peterborough



Cambridgeshire



24th July 2018

