Better Care Fund

Pooled Budget Partnership Performance Report
Quarter 1: April – June 2017

Date   **September 2017**

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Status: **draft**

TABLE OF CONTENTS

1.0   INTRODUCTION

The purpose of this report is to provide the Darlington Pooled Budget Partnership Board with an update on following:

- The four national performance metrics which are used to determine the success of the Better Care Fund
- The position in relation to the local set of performance measures established to complement the national measures
- Specific outcomes linked to the BCF schemes
- Actions/ next steps

2.0   NATIONAL PERFORMANCE METRICS SUMMARY

2.1   National Performance Metrics

The four national performance metrics which are used to determine the success of the Better Care fund are:

1. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population
2. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (effectiveness of the service)
3. Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
4. Non-Elective Admission (General and Acute)

The current position, including key issues and actions is summarised below.

2.2   Overall Summary

Indicator	Level	Period	Actual	Plan	Variance
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate per 100,000 pop.	2017/18 (12 month rolling to Jun17)	681.1	785.2	-104.1
	Numerator		144	166	-22
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (effectiveness of the service)**	%	2016/17 (Q4 / Q3) no data Q1	77.3	80.0	-2.7
	Numerator		116	200	-84
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Rate per 100,000 pop.	Q1 2017/18 (Apr17-Jun17) no target set	383.5	383.5	0
	Numerator		319	319	0

Non-Elective Admissions (General and Acute)	Numerator	Q1 2017/18 (Apr17-Jun17)	3256	3125	+131
Estimated diagnosis rate for people with dementia	%	Latest 2017/18 (Aug17)	79.3%	80%	-
	Numerator		1063		-

2.3   Admissions to residential and nursing care homes

Current position: Achieving against the 2017/18 BCF plans. At 24 permanent admissions in Q1, performance is well under target maximum.

Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population - ASCOF measure 2A(2)		Published Data	Local Data		BCF Plans		Variance from Plan	
		2015/16	2016/17	2017/18 (12 month rolling to Jun 17)	2016/17	2017/18	2016/17	2017/18
Darlington LA	Rate	843.3	768.0	681.1	816.0	785.2	-48.0	-104.1
	Numerator	173	160	144	170	166	-10	-22
	Denominator	20515	20833	21141	20833	21141	-	-

Key Issues: None currently

Key Actions: Continued focus on strength-based assessments leading to more support for people to stay at home longer.

2.4   Reablement/ Rehabilitation Services

Current position: there is an issue with the data currently.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) - ASCOF measure 2B(1)		Published ASCOF 2B(1) Data	Local Data		BCF Plans		Variance from Plan	
		2015/16 (Q4 / Q3)	2016/17 (Q4 / Q3)	Q1 2017/18 (Q1 / Q4)	2016/17	2017/18	2016/17	2017/18
Darlington LA	%	76.7	77.3	-	80.0	80.00	-2.7	-
	Numerator	135	116	-	200		-84	-
	Denominator	176	150	-	250		-	-

Key Issues: Longstanding issue with data from CDDFT has not been resolved. Outturn data for 16/17 was made available just in time for the SALT return at the end of June but there has been nothing so far this year. Also, the change to computer systems at DBC from Carefirst to Liquidlogic has resulted in a problem with some of the reporting. Report writing training is intended to rectify this by October.

Key Actions: Resolve the data issue, and implement necessary training for DBC staff to run appropriate reports.

2.5   Delayed Transfers of Care (DToCs)

Current position: On track for the target set for this year.

Delayed transfers of care from hospital per 100,000 population (18+)		2017/18			
		Q1 2017/18 (Apr17-Jun17)	Q2 2017/18 (Jul17-Sep17)	Q3 2017/18 (Oct17-Dec17)	Q4 2017/18 (Jan18-Mar18)
Darlington LA (Days delayed due to all reasons - NHS, Social Care or Both)	Quarterly Rate (Actual)	383.5			
	Quarterly Rate (Plan)	*408.5*	*398*	*398*	*388*
	Numerator (Actual)	319			
	Numerator (Plan)	*340*	*331*	*331*	*323*
	Denominator	83174	83174	83174	83287

Key Issues: DToC is the main focus of scrutiny for BCF and iBCF this coming year. The DToC plan required was submitted and is in line with the expected trajectory. No confirmation of acceptability has been received from CDDFT although the plan was copied to them with a request for review ahead of submission in July*. **NOTE: the plan numerator and rate above are different from those in the BI report from NECS as I have replicated the numbers in the separately submitted DToC plan for consistency**

The main reasons for delays were:

Delay Reason	Apr	May	Jun	Total YTD	2016/17 Total	Variance 2017/18 YTD to 2016/17 FY
A_COMPLETION_ASSESSMENT	0%	0%	0%	0%	9%	-9%
B_PUBLIC_FUNDING	0%	0%	0%	0%	0%	0%
C_FURTHER_NON_ACUTE_NHS	19%	5%	41%	14%	36%	-21%
DI_RESIDENTIAL_HOME	33%	25%	0%	25%	2%	+23%

DII_NURSING_HOME	4%	23%	37%	**19%**	**8%**	+11%
E_CARE_PACKAGE_IN_HOME	29%	0%	0%	**10%**	**9%**	+1%
F_COMMUNITY_EQUIP_ADAPT	7%	4%	7%	**5%**	**5%**	+1%
G_PATIENT_FAMILY_CHOICE	7%	42%	15%	**27%**	**32%**	-5%
H_DISPUTES	0%	0%	0%	**0%**	**0%**	0%
I_HOUSING	0%	0%	0%	**0%**	**0%**	0%
O_OTHER	0%	0%	0%	**0%**	**N/A**	-

Key Actions:

- Ensure Darlington maintains this position through all the impending change.
- Identify the cases behind the reasons C and Dii to ascertain any learning that can be applied to reduce risk of further peaks, appreciating the very low numbers involved.

2.6   Non-Elective Admissions

Current position: Not achieving against the 2017/18 BCF plans.

Non-Elective Admissions (General and Acute)		**Local data**				
		2017/18				
		Q1 2017/18 (Apr17-Jun17)	**Q2 2017/18 (Jul17-Sep17)**	**Q3 2017/18 (Oct17-Dec17)**	**Q4 2017/18 (Jan18-Mar18)**	**Total**
Darlington HWB	Numerator (Actual)	3256				
	Numerator (Plan)	*3125*	*3120*	*3480*	*3266*	*12992*
	% Variance against plan	+4%				

Darlington LA (based on patient Local Authority of Residence)				
Number of Non-Elective Admissions (General and Acute) - by Age Group (SUSNECS data) **Age Group**	**2016/17 YTD**	**2017/18 YTD**	**Variance**	**% Variance**
0-19	682	663	-19	-2.8%
20-64	1288	1216	-72	-5.6%
65 & over	1197	1280	+83	+6.9%
Total (all ages)	**3167**	**3159**	**-8**	**-0.3%**

Key Issues: When comparing to the same period in 16/17 there has been an increase in non-electives of 0.3% across all ages. However, admission rates for the main cohort relating to BCF Activity (65+) are up by around 7% on the same period last year.

Non-elective admissions in April 2017-June 2017 were similar when compared to this period in the previous year.

There was an increase in activity in April 2017 of 4.2%, however this was followed by a decrease of a similar amount in May 2017 (3.8%)*.

There was an increase in NEL admissions seen in Apr-May* 2017/18 compared to Apr-May 2016/17, particularly in the following areas:
 - Infectious Diseases, Immune System Disorders and other Healthcare contacts up 23% (35 admissions);
 - Skin, Breast and Burns up 15% (10 admissions).

However, there has been a decrease in NEL admissions across a number of areas too in Apr-May* 2017/18 compared to Apr-May 2016/17, particularly the following:
 - Respiratory System down 11% (29 admissions);
 - Vascular Procedures and Disorders and Imaging Interventions down 49% (19 admissions);
 - Ear, Nose, Mouth, Throat, Neck and Dental down 21% (12 admissions).

*Apr-May is considered only, due to the coding quality of SUS data for the most recent month.
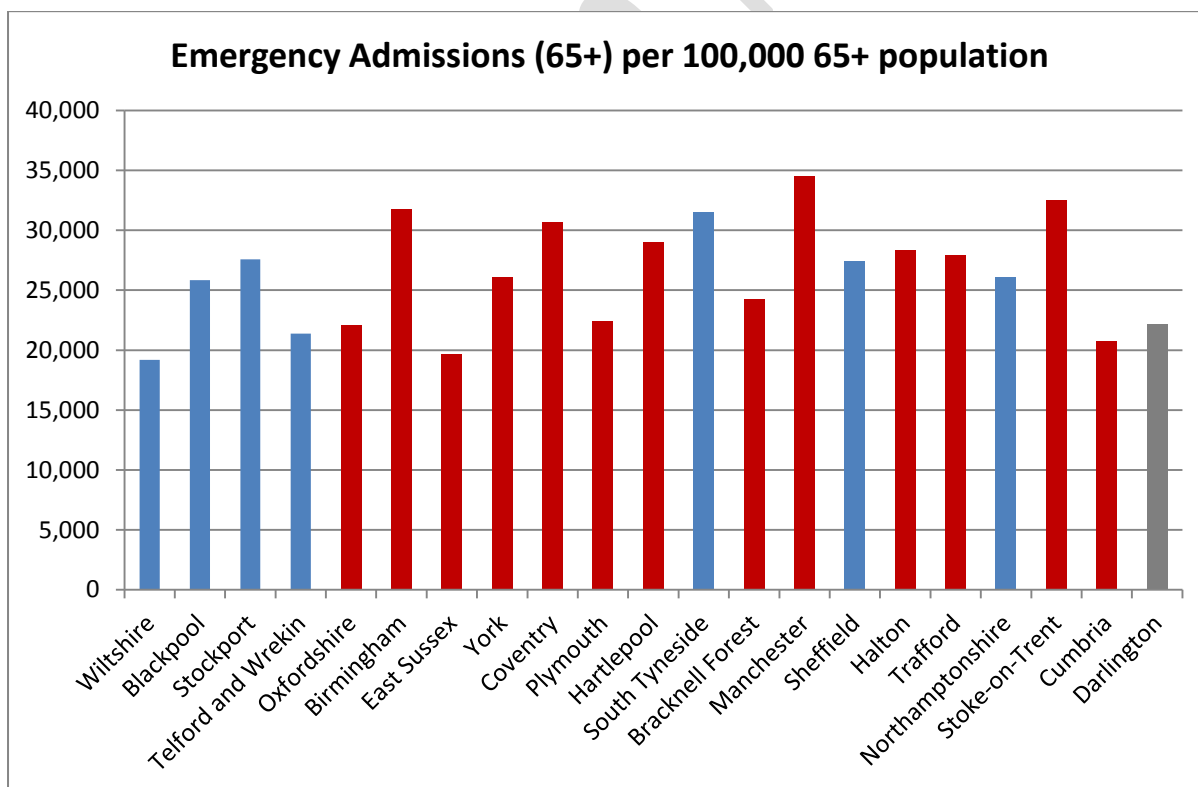
3.0 NHS-SOCIAL CARE INTERFACE DASHBOARD

The NHS-Social Care Interface Dashboard https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions combines six metrics, each weighted, to present an aggregated indicator of how health and social care services work together.

In June 2017 Darlington was ranked 27 of 150 Health and Wellbeing areas and is top quintile in four of the six measures. However, it performs poorly in relation to people still at home 91 days after being discharged into a period of reablement, and in the proportion of discharges from an emergency admission that happen at the weekend.

	Emy Adms (65+)	Los Em Adms (65+)	DToC 18+	At home post reab. 91 days	% who receive reablement/ rehabilitation services	Discharges (following em adms)at the weekend
	Rank	Rank	Rank	Rank	Rank	Rank
Darlington	36	13	15	130	18	137

How Darlington compares

Red bars indicate the 12 Health and Wellbeing Board Areas included in the CQC initial "system review" programme.

Emergency Admissions (65+) per 100,000 65+ population

90th percentile of length of stay for emergency admissions (65+)

Chart showing 90th percentile of length of stay values by location:

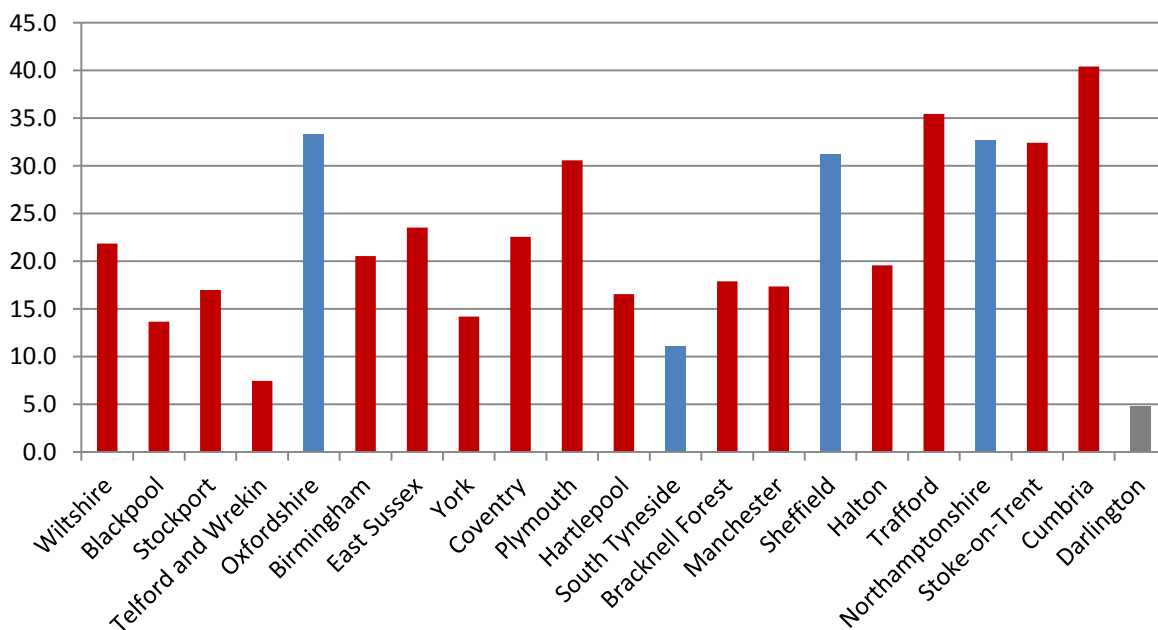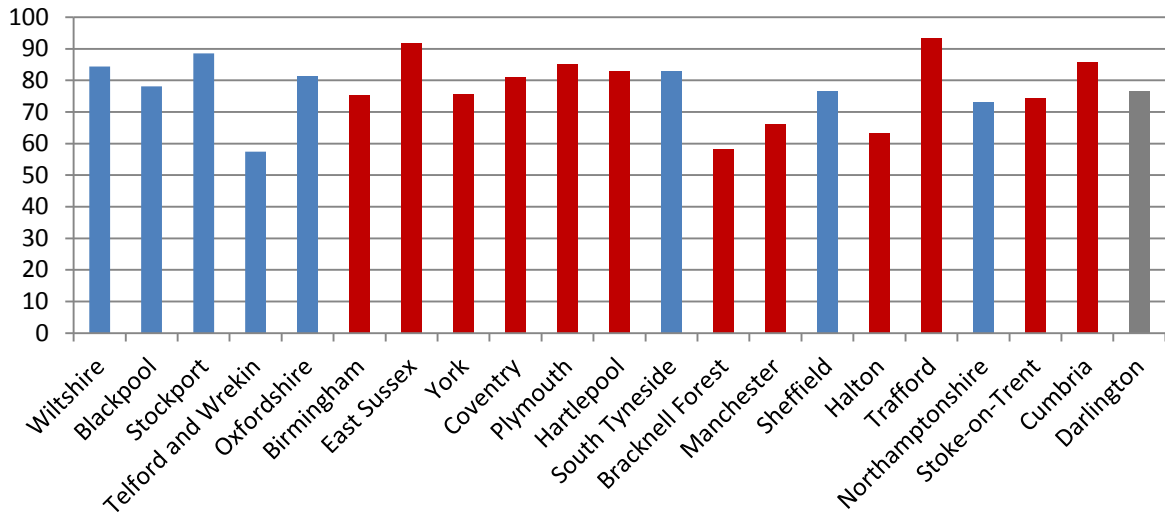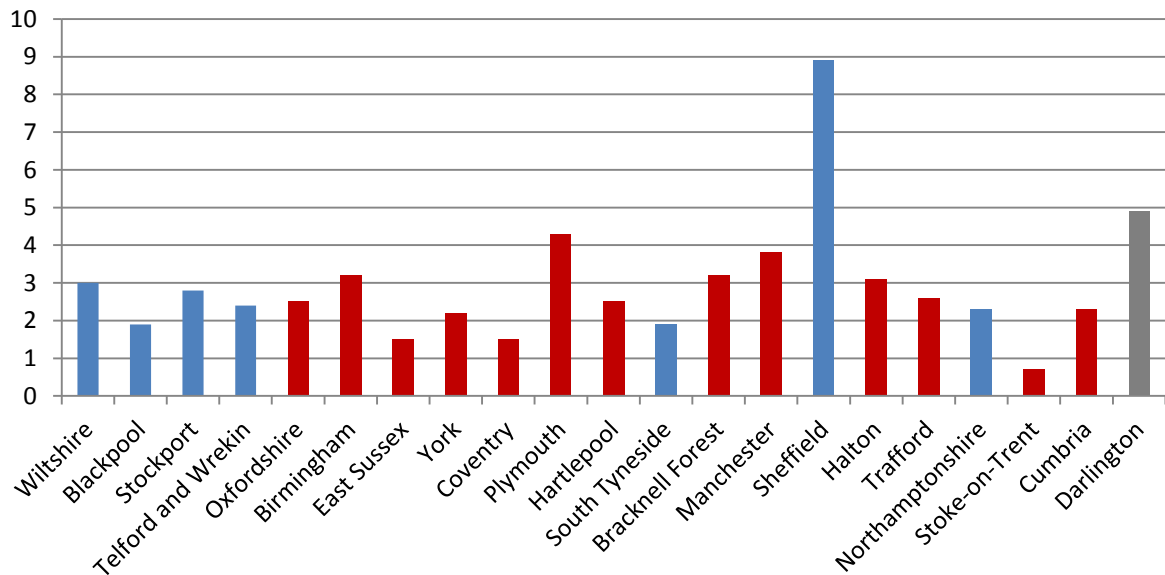| Location	Value
Wiltshire	24
Blackpool	27
Stockport	23
Telford and Wrekin	19
Oxfordshire	18
Birmingham	20
East Sussex	26
York	21
Coventry	24
Plymouth	21
Hartlepool	24
South Tyneside	23
Bracknell Forest	24
Manchester	24
Sheffield	26
Halton	23
Trafford	26
Northamptonshire	24
Stoke-on-Trent	19
Cumbria	22
Darlington	18
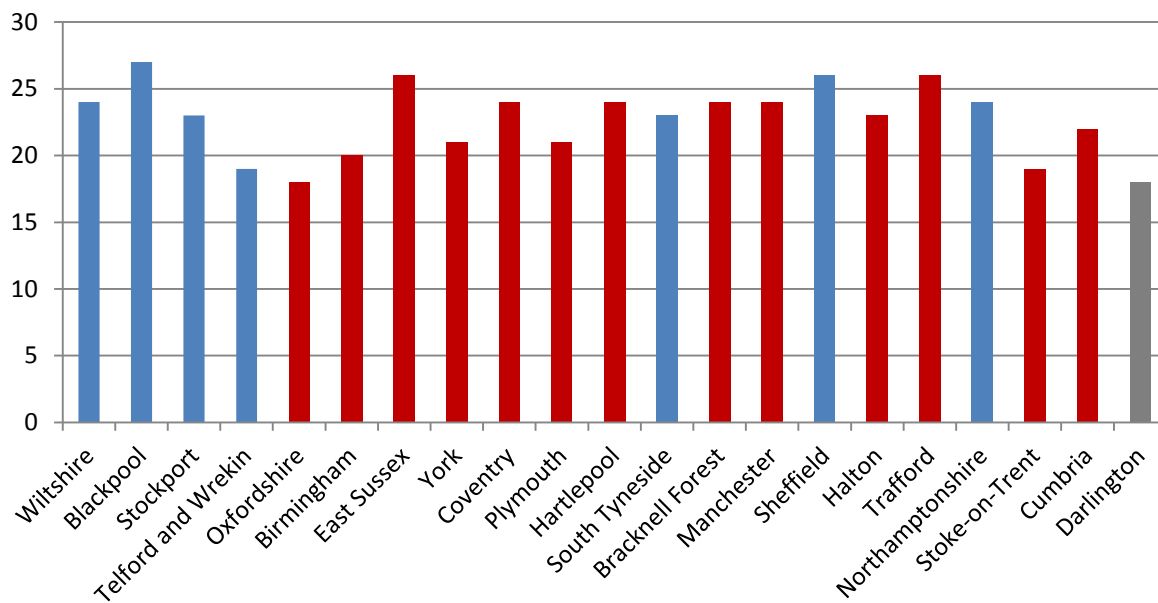
Total Delayed Days per day per 100,000 18+ population (NB includes, NHS, social care and jointly attributable)

Chart showing Total Delayed Days per day per 100,000 18+ population by location:

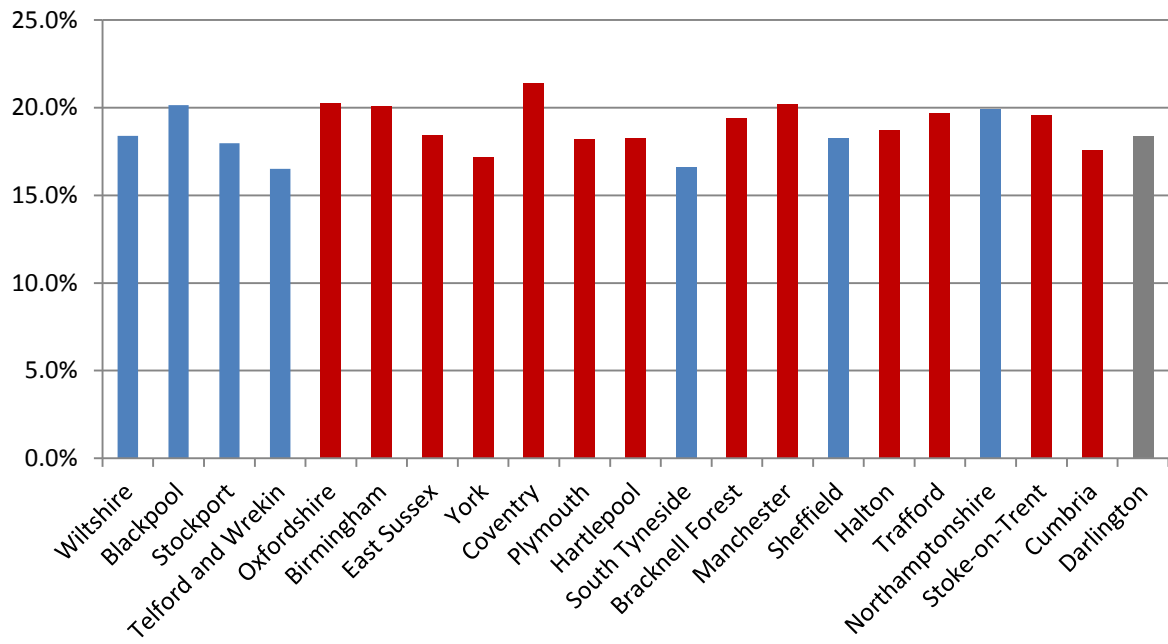| Location	Value
Wiltshire	21.8
Blackpool	13.7
Stockport	17.0
Telford and Wrekin	7.5
Oxfordshire	33.3
Birmingham	20.5
East Sussex	23.5
York	14.2
Coventry	22.5
Plymouth	30.5
Hartlepool	16.5
South Tyneside	11.2
Bracknell Forest	17.9
Manchester	17.4
Sheffield	31.2
Halton	19.6
Trafford	35.4
Northamptonshire	32.7
Stoke-on-Trent	32.4
Cumbria	40.3
Darlington	4.8

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Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services

Wiltshire, Blackpool, Stockport, Telford and Wrekin, Oxfordshire, Birmingham, East Sussex, York, Coventry, Plymouth, Hartlepool, South Tyneside, Bracknell Forest, Manchester, Sheffield, Halton, Trafford, Northamptonshire, Stoke-on-Trent, Cumbria, Darlington

Proportion of 65 and over discharged from hospital who recieve reablement/ rehabilitation services

Wiltshire, Blackpool, Stockport, Telford and Wrekin, Oxfordshire, Birmingham, East Sussex, York, Coventry, Plymouth, Hartlepool, South Tyneside, Bracknell Forest, Manchester, Sheffield, Halton, Trafford, Northamptonshire, Stoke-on-Trent, Cumbria, Darlington

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Proportion of discharges (following emergency admissions) which occur at the weekend