



**Better Care Fund Quarter 4 Performance
2016/17**

Report of Paul Copeland, Strategic Programme Manager, Better Care Fund and Integration, Adult and Health Services, Durham County Council.

Purpose of the Report

1. The purpose of this report is to provide an update on the Better Care Fund (BCF) Q4 2016/17 to the Health & Wellbeing Board including benchmarking and analysis of non-elective admissions data.
2. The BCF Quarterly Data Collection Template for Quarter 4 2016/17 is available upon request.
3. Non – elective emergency admissions review.

Background

4. The BCF allocation for Durham in 2016/17 increased to £44.579, from £43.735m in 2015/16.
5. BCF Policy and Planning Guidance for 2016/17 issued by NHS England signalled a need to maintain stability.
6. In response to the above BCF planning in Durham was based upon rolling forward the existing programme and projects from 2015/16 following agreement with partners.
7. Previous BCF conditions relating to payment for performance were replaced by two national conditions:
 - Agreement to invest in NHS commissioned out of hospital services (which may include a wide range of community services).
 - Agreement on local action plans and targets to reduce delayed transfers of care (DToC).
8. BCF planning requirements for 2016/17 required Health and Wellbeing Boards to continue collecting information on four key metrics which are identified below:

- Permanent admissions of older people (aged 65 years +) to residential/nursing homes (per 100,000 population).
 - Percentage of older people (aged 65 years plus) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
 - DToC (delayed days) from hospital (per 100,000 population/per 3 month period).
 - Non-elective admissions (per 100,000 population/per 3 month period).
9. In addition, BCF plans were required to include the locally determined metrics which are as follows:
- Percentage of carers who are very/extremely satisfied with the support services they receive.
 - The number of people in receipt of telecare (per 100,000 population).

Performance Update

10. Performance against the six key metrics and deliverables are measured against current targets and historical performance. BCF Q4 2016/17 indicates positive performance in 3 of the key/local metrics. The exceptions being non-elective admissions where there was no improvement in performance, permanent admissions of older people to residential/nursing care homes which failed to meet the target and carers where no data is currently available.
11. A traffic light system is used in the report, where green refers to 'on' or 'better than target', amber is 'within' 2% of the target and red is 'below' the target.

Permanent admissions of older people (aged 65 years +) to residential/nursing care homes per 100,000 population.

Indicator	Historical	Actual	Targets		Performance against target
	Q4 15/16	Q4 16/17	Q4 16/17	Total 16/17	
Permanent admissions of older people (aged 65 years+) to residential/nursing care homes per 100,000 population.	736.3	768.8	750.8	1876.9	

12. The Q4 2016/17 rate for older people (aged 65 years +) to residential/nursing care homes per 100,000 population on a permanent basis was 768.8. This did not meet the Q4 2016/17 target of 750.8.
13. The number of bed days commissioned remains relatively stable and shows a slight decrease from 2015/16 as older people are admitted into residential/nursing care homes later in life.

14. Exacting scrutiny of all admissions to residential or nursing care homes remains a high priority in order to ensure that those people who are unable to be supported safely in their own homes and admitted to permanent residential or nursing care.
15. Expenditure on residential and nursing care overall remains within budget.

Percentage of older people (aged 65 years +) who were still at home 91 days after discharge from hospital into reablement/rehabilitation.

Indicator	Historical	Actual	Target	Performance against target
	Q4 15/16	Q4 16/17	Q4 16/17	
Percentage of older people (aged 65 years+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation.	87.2%	87.8%	86.0%	

16. Performance in Q4 2016/17 at 87.8% is above the target of 86.0% and is comparable to the same period in 2015/16 (87.2%).

DToC (delayed days) from hospital per 100,000 population/per 3 month period.

Indicator	Historical		Actual	Targets	Performance against target
	Q4 14/15	Q4 15/16	Q4 16/17	Q4 16/17	
DToC (delayed days) from hospital per 100,000 population (per 3 month period).	452	429	313	417.2	

17. Q4 2016/17 performance at 313 per 100,000 population is significantly better than target at 417.2.
18. Key elements which contribute to this positive performance are effective discharge management/joint working between partners and greater use of reablement to facilitate discharge.
19. Durham is amongst the lowest rates in England at 0.7 delays per 100,000 population compared to a national rate of 6.4 per 100,000 population.

Non Elective Admissions per 100,000 population (per 3 month period).

Indicator	Historical		Actual	Targets	Performance against target
	Q2 16/17	Q3 16/17	Q4 16/17	Q4 16/17	
Non elective admissions per 100,000 population (per 3 month period).	2962	3062	3022	2930	

Non Elective Admissions per 100,000 population (per 3 month period)

20. The Q4 2016/17 outturn figure for non-elective admissions was 3022 per 100,000 population against a target of 2930. Performance has therefore missed the target although marginally better than the Q3 2016/17 figure of 3062 per 100,000 population.
21. The highest reason for non-elective admissions concerns paediatrics, with children being admitted for viral infections and common colds with an average length of stay of 1 day or less.
22. It should be noted that whilst the focus of the BCF in County Durham has been on Adults, statistical returns on non-elective admissions include children.
23. From a County Durham perspective if children's data were removed from the final figures the targets would have been achieved.
24. The second highest reason for non-elective admission to hospital concern symptoms relating to Chronic Obstructive Pulmonary Disease (COPD). The increased prevalence of COPD is related to past heavy industry and the prevalence of smoking tobacco.

Percentage of carers who are very/extremely satisfied with the support services they receive

Indicator	Historical		Actual	Annual Target 16/17	Performance against target
	14/15	15/16			
Percentage of carers who are very/extremely satisfied with the support they receive.	54.4	National Carers Survey not completed.	No data available	50.0	

25. Publication of results from the National Carer's Survey will not be published until autumn 2017.

The number of people in receipt of telecare per 100,000 population.

Indicator	Historical		Actual	Annual Target	Performance against target
	Q4 14/15	Q4 15/16			
The number of people in receipt of telecare per 100,000 population.	292	474	542	454	

26. The number of people recorded in receipt of telecare per 100,000 population for Q4 2016/17 was 527 which has exceeded the target of 454 and is an improvement on the same period in 2015/16 (474).

Non-Elective Emergency Admissions Review.

27. Analysis of non-elective emergency admissions are highlighted in Appendix 2.
28. A summary of the main findings are as follows:
 - County Durham overall has seen a relatively small increase in emergency admissions over time.
 - Durham Dales, Easington and Sedgefield CCG (DDES CCG) have seen an increase from 2015/16 to 2016/17, whereas North Durham CCG (ND CCG) have seen very little change in activity (Figure 1).
 - County Durham and Darlington NHS Foundation Trust (CDDFT) is the main provider across County Durham and activity has remained relatively consistent over time (Figure 2).
 - There has been a slight increase in activity at other hospitals within North Tees and Hartlepool NHS Foundation trust the most notable. (Figure 3).
 - In comparison to the 10 North East CCG's, ND CCG currently have the second lowest rate per 100,000 population of emergency admissions and DDES CCG is the fourth highest out of North East CCG's.
 - As at the end of March 2017, ND CCG combined with DDESG CCG had a lower rate of emergency admissions than the North East average.
29. Ongoing developments which are designed to impact positively on non-elective emergency admissions are as follows:
 - The NHS Right Care programme is directed at improving population-based healthcare through focussing on value and reducing unwarranted variation. North Durham CCG and Durham Dales, Easington and Sedgefield CCG have the right care data packs and tools and in conjunction with partners and clinical leads seek to identify opportunities to reduce unwarranted variation. The respiratory pathway has been identified as a priority for County Durham and in particular chronic obstructive pulmonary disease (COPD). A project group has been established to agree and implement improvements to the COPD Pathway.
 - Attendance at Emergency Departments (EDs) continue to increase and a significant proportion of patients have needs which could be addressed through services other than emergency medicine. Streaming patients away from ED's to co-located GP led primary care services to ensure that patients receive the care they need and performance against the 4 hour ED standards improves. Plans are in place to implement primary care streaming at the University Hospital of North Durham by October 2017.

- County Durham and Darlington NHS Foundation trust are seeking to improve the pathway for paediatrics through a number of initiatives which should strengthen the interface between Secondary Care and Primary Care Clinician's through the sharing of knowledge and experience.
- DDES CCG have made changes to their Urgent Care and Primary Care Services where patients are now able to make urgent appointments with a GP central hub location, allowing patients to be seen close to home, rather than travelling to Accident and Emergency (A&E).
- The development of Teams Around Patients (TAP's) who will focus on emergency admissions are expected to impact upon non-elective admissions going forward.

30. The Integration and Better Care Fund Planning requirements for 2017-2019 were published on 4th July 2017.

Recommendations

31. The Health and Wellbeing Board is recommended to:

- Note the contents of this report.
- Request that the Healthy Child Programme Board undertake an in-depth analysis of non-elective emergency admission as part of their work programme.
- Agree to receive further updates in relation to BCF quarterly performance.

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Appendix 1: Implications

Finance – The BCF 2016/17 pooled budget is £44.579m.

Staffing – None.

Risk – A risk sharing agreement has been ratified between partners.

Equality and Diversity / Public Sector Equality Duty – The Equality Act 2010 requires the Council to ensure that all decisions are reviewed for their potential impact upon people.

Accommodation – None

Crime and Disorder - None

Human Rights - None

Consultation – As necessary through the Health and Wellbeing Board.

Procurement - None

Disability Issues – See commentary concerning Quality and Diversity.

Legal Implications – Any legal implications concerning the BCF programme and projects are considered and reviewed as necessary.