Buckinghamshire Better Care Fund Dashboard 2016-17 Q3

Buckinghamshire County Council

Better Care Fund Metric Dashboard

Date Published	14/02/2017

Current Year data period	Qtr3

1. Emergency Admissions
Source: NHS South, Central And West Commissioning Support Unit

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr3 2016/17	Qtr3 2016/17	
Total non elective admissions to hospital (specific acute) all ages			51003	52906	12545	12423	11924	Good to be low

Definition: A non-elective admission is one that hasn't been arranged in advance. Specific acute non-elective admission may be an emergency admission or a trnasfer from a hospital bed in another healthcare provider other than in an emergency. There should be a reduction in growth of the number of non-elective activity
Commentary: **Q3 update: October and November activity is 12,545 which is above the plan of 11,924. The year to date position is on plan with activity at 35,629 aginst a plan of 35,598.** **The BCF plan is based on a proportion of the CCG's national activity, taken from SUS, with baseline data supplied and monitored by NHSE. When these activity plans were produced NHSE directed the CCG's to include IHAM growth, which was 3.8%, however, this growth was not mirrored in the CCG's contracts with provider trusts bringing a discord between the contacted activity and the activity data which is monitored as part of the BCF process.** **The BCF CCG plans only include Specific Acute activity, so don't include emergency maternity or excess bed days, therefore CCG pressures in these areas (which will be shown in finance and contract reports) are not reflected in the BCF dataset.**

2. Care Home Admissions
Source: BCC Adult Social Care AIS System

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr3 2016/17	Qtr3 2016/17	
Permanent admissions of Older People aged 65+ to residential & nursing care homes, per 100,000 population		687	581	486	697	287.5	412.5	Good to be low

Definition: This indicator reflects the number of admissions of older adults, aged 65 or over, to residential and nursing care homes relative to the population size of people in this age group. Numerator: Number of council-supported permanent admissions of older people to residential and nursing care, excluding transfers Denominator: Size of the older people population in area from the latest ONS mid-year estimate. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. The inclusion of this measure in the dashboard supports local health and social care services to work together to reduce avoidable admissions.
Commentary: This is currently exceeding the target for 2016/17. Feb Update: this continues to outperform the target set for the year. The number of admissions is expected to increase in Quarter 4, as it does every year during this period, but this is not expected to change the RAG performance for the year

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3. Reablement

Source: BCC Adult Social Care AIS System & Buckinghamshire Healthcare NHS Trust

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr3 2016/17	Qtr3 2016/17	
Proportion of people over 65 still at home 91 days after discharge from hospital into reablement services		61%	71%	66%	75%	~	75%	Good to be high

Definition: This indicator measures the effectiveness of Reablement services. The figure reported represents the proportion of people discharged from hospital to reablement or rehabilitation services who are still at home 91 days after discharge.
Denominator: The number of older people aged 65 and over offered rehabilitation services following discharge from acute or community hospital.
Numerator: The number of older people identified in the denominator and who are at home or in extra care housing or an adult placement scheme setting three months after discharge from hospital. This excludes those who are in hospital or in a registered care home those who have died within the three months.
Improving the effectiveness of these services is a good measure of delaying dependency and will reduce avoidable admissions

Commentary: Data collected between January and March and reported at year end only

4a. Delayed Transfers of Care

Source: NHS England, https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr3 2016/17	Qtr3 2016/17	
Total delayed transfers of care from hospital (NHS, ASC, Joint)		6.7	7.6	9.8	10	12.3	10	Good to be low

Definition: This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. A delayed transfer of care occurs when a patient is ready for ransfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when:
(a) a clinical decision has been made that the patient is ready for transfer AND
(b) a multi- disciplinary team decision has been made that the patient is ready for transfer AND
(c) the patient is safe to discharge/transfer.
This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services.
Denominator: Size of adult population in area (aged 18 and over)
Numerator: The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly Situation Report

Commentary: Performance is below target for Quarter One - however as the target is calculated as the average of a snapshot this does not imply that we will not meet the year end target. In 2015/16 our performance for Quarter One was slightly lower at 8.9 and within target at year end. **Q3 Update. Performance for Q3 is a rate of 12.3 which is higher than the target of 10. Of the delays recorded to date, 33 are due to delays in Social Care provision, 1 was a joint delay and 285 were due to delays in Health**

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4b. Delayed Transfers of Care

Source: NHS England, https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr3 2016/17	Qtr3 2016/17	
Delayed transfers of care (delayed days) from hospital			1872	1076.8	468	902	741.8348889	Good to be low

Definition: As per 4a but measuring the number of days delayed rather than delay events
Numerator: The total number of delayed transfers of care (for those aged 18 and over) for each month
Denominator: ONS mid-year population estimate. The subsequent rate is divided by the number of months in the period and is per 100,000 population

Commentary: This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.The DTOC target was not met in Q1 with a rate of 862.3 next to a plan of 562.6. However, the DTOC has an increase of rates though 2016/16, and from April to June the number of delayed delays bed days decreased. In order for the yearly target to be met the monthly days delayed would need to drop to an average of 930 days of delayed discharge a month. **Q2: The number of delayed days has hugely increased from 3536 to 5607. However the figures for Oxford Univeristy Health Trust for July are exceptionally high. Figures have been queried and the Q2 figures have been reworked to estimate Oxford University Health Trust in July. Q2 improved on Q1 however figures are still over target.** Q3 data for October and November shows an increase in the number of days delayed in the quarter, with an average rate of 886 .3 next to a plan of 741.8.

5. Patient Experience (Social Care)

Source: BCC Adult Social Care Service-User Survey

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr3 2016/17	Qtr3 2016/17	
Overall satisfaction of people who use care and support with services		56%	58%	61%	60%	~	65%	Good to be high

Definition: This indicator is derived from the annual Adult Social Care Survey, Question 1: "Overall, how satisfied or dissatisfied are you with the care and support services you receive."
This indicator is aligned to Domain Three of the Adult Social Care Outcomes Framework: Ensuring that people have a positive experience of care and support
The survey is run annually between January and March with performance metrics available from April

Commentary: Data collected between January and March and reported at year end only

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6. Patients aged 65+ discharged to the same address
Source: NHS South, Central And West Commissioning Support Unit

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr3 2016/17	Qtr3 2016/17	
Patients (65 and over) discharged to the same place from which they were admitted				92.0%	92.2%	92.9%	93.0%	Good to be high

Definition: This is a local metric and the rate is expressed as a % of those admitted to hospital who are discharged to the same address from where they were admitted.

Commentary: Q3 Update. Q3 has seen an increase of patients discharged to the same address, with 92.9% discharged to the same address. The YTD is still slightly under plan.