Buckinghamshire Accountable Care System

Better Care Fund and Delayed Transfers of Care

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29th March 2018

Better Care Fund Plan – Update

- 2 year programme to 31st March 2019
- light touch refresh required mid term (April 2018) - guidance for that yet to be released but there will remain a strong focus on continuing to reduce DToCs (delayed transfers of care).
- refresh of our DToC trajectory for 18/19.
- NHSE in discussions with the Department of Health about methodology for the refresh - being designed to take account of areas which have already made significant and sustained progress and to provide a consistent methodology across health and social care.
- received indicative budgets for 18/19 - expect this to be confirmed when the refresh documentation is made available.

- Q3 progress against national metrics for BCF and iBCF submitted 18th January - no feedback to date
- Q4 return due 20th April - required to analyse the maturity of the health and care system in Buckinghamshire in relation to the High Impact Change model and how the BCF has contributed to:
  - Improved joint working
  - Integration
  - Managing non elective admissions
  - Managing DToCs
  - Improving reablement outcomes
  - Reducing permanent admissions to residential and nursing care

How are we performing?

The Buckinghamshire DToC performance trend

Month	Total Number of delayed days	Direction of travel↓
April	1337	
May	1196	↓
June	1447	↑
July	1713	↑
August	1579	↓
September	1533	↓
October	1393	↓
November	1217	↓
December	1292	↑
January	1603	↑

Distance from target

Based on local business intelligence report from April 2017 to January 2018 performance has been mixed

The % variance of actual number of bed days delayed against planned (target) number of bed delayed days was:-

Month	Percentage variance against target
April	On target
May	On target
June	25.1% > target
July	43.5% > target
August	32.2% > target
September	32.7% > target
October	22.2% > target
November	21.6% > target
December	24.9% > target
January	54.3% > target

System wide pressures

The Buckinghamshire health and care system has been under considerable pressure at intervals in recent months.   The whole system uses a framework to manage system pressures referred to as OPEL Operational Pressures Escalation Framework. The purpose of this is to enable local systems to maintain quality and safety through the establishment of a consistent set of escalation levels, triggers and protocols for local A&E Delivery Board to align with their existing escalation processes.

It sets clear expectations regarding roles and responsibilities to respond to surges in demand at the local level and is understood at local and national level.

 At the highest level OPEL 4 describes pressure in the local health and social care system that continues to escalate, leaving organisations unable to deliver comprehensive care. There is increased potential for care and safety to be compromised.

The system was reporting as OPEL 4 (critical) throughout December to March. The total number of days per month were:

- December   3
- January   3
- February   3
- March   8

**In Year performance
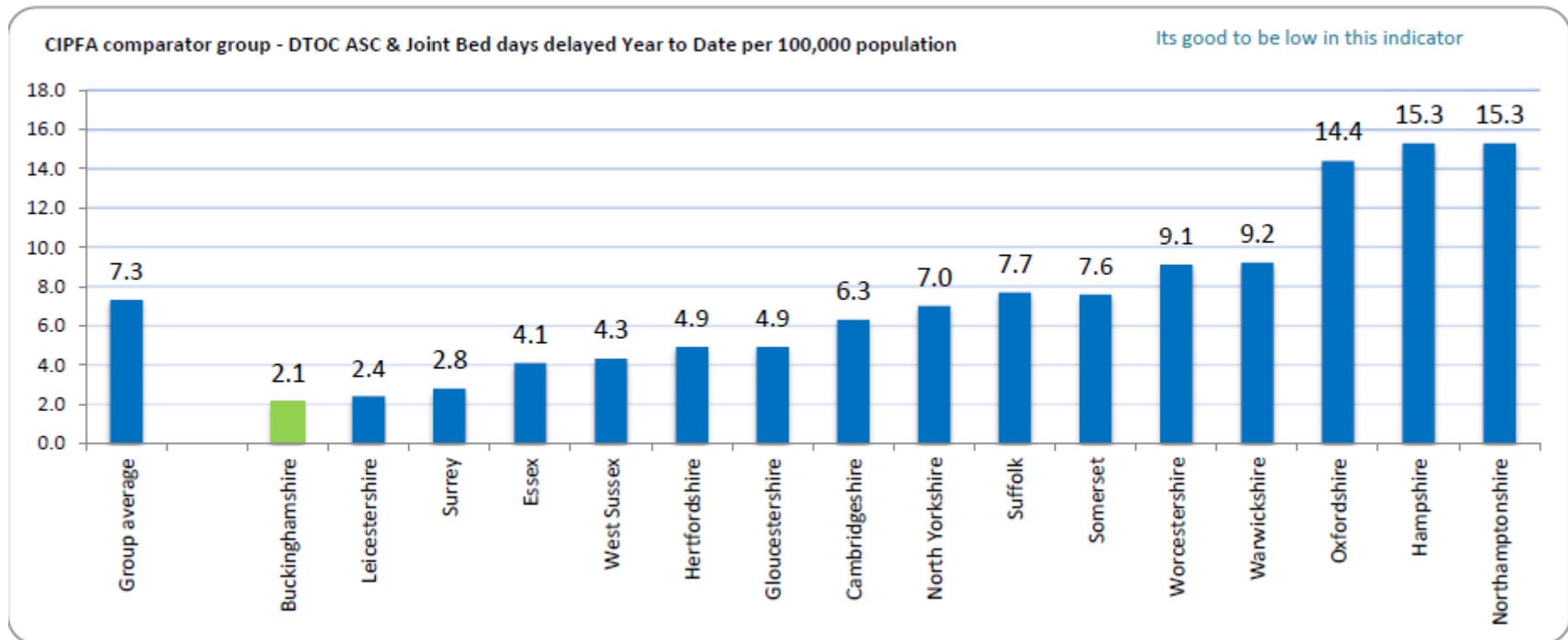(April 2017 – January 2018)**

To add some context, the challenge is similar across other systems and the diagram below shows the system performance across our CIPFA comparator groups and is standardised to the average of all monthly delayed days per 100,000 Buckinghamshire performs well.

- On average between April and January:-
- 18% of delays have been attributable to social care
- 81% attributable to NHS
- 1% jointly attributable

**In Year performance
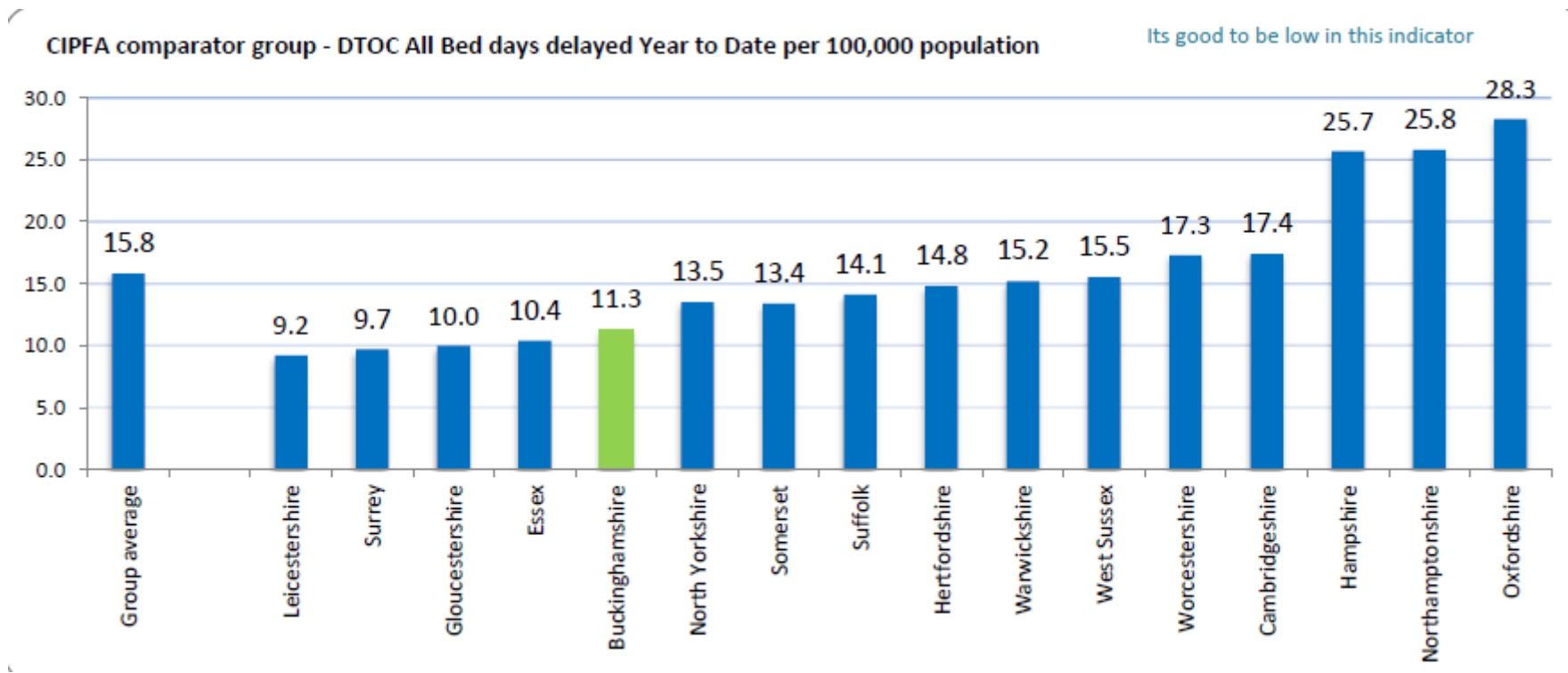(April 2017- January 2018))**

- When performance across our CIPFA comparator groups is standardised to the average of all social care and jointly attributable delayed days in this period, per 100,000 population   Buckinghamshire performs well

CIPFA comparator group - DTOC ASC & Joint Bed days delayed Year to Date per 100,000 population

Its good to be low in this indicator

Group average	Buckinghamshire	Leicestershire	Surrey	Essex	West Sussex	Hertfordshire	Gloucestershire	Cambridgeshire	North Yorkshire	Suffolk	Somerset	Worcestershire	Warwickshire	Oxfordshire	Hampshire	Northamptonshire
7.3	2.1	2.4	2.8	4.1	4.3	4.9	4.9	6.3	7.0	7.7	7.6	9.1	9.2	14.4	15.3	15.3

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- When performance across our CIPFA comparator groups is standardised to the average of all delayed days (health , social care and joint) in this period, per 100,000 population Buckinghamshire performs well

CIPFA comparator group - DTOC All Bed days delayed Year to Date per 100,000 population   Its good to be low in this indicator

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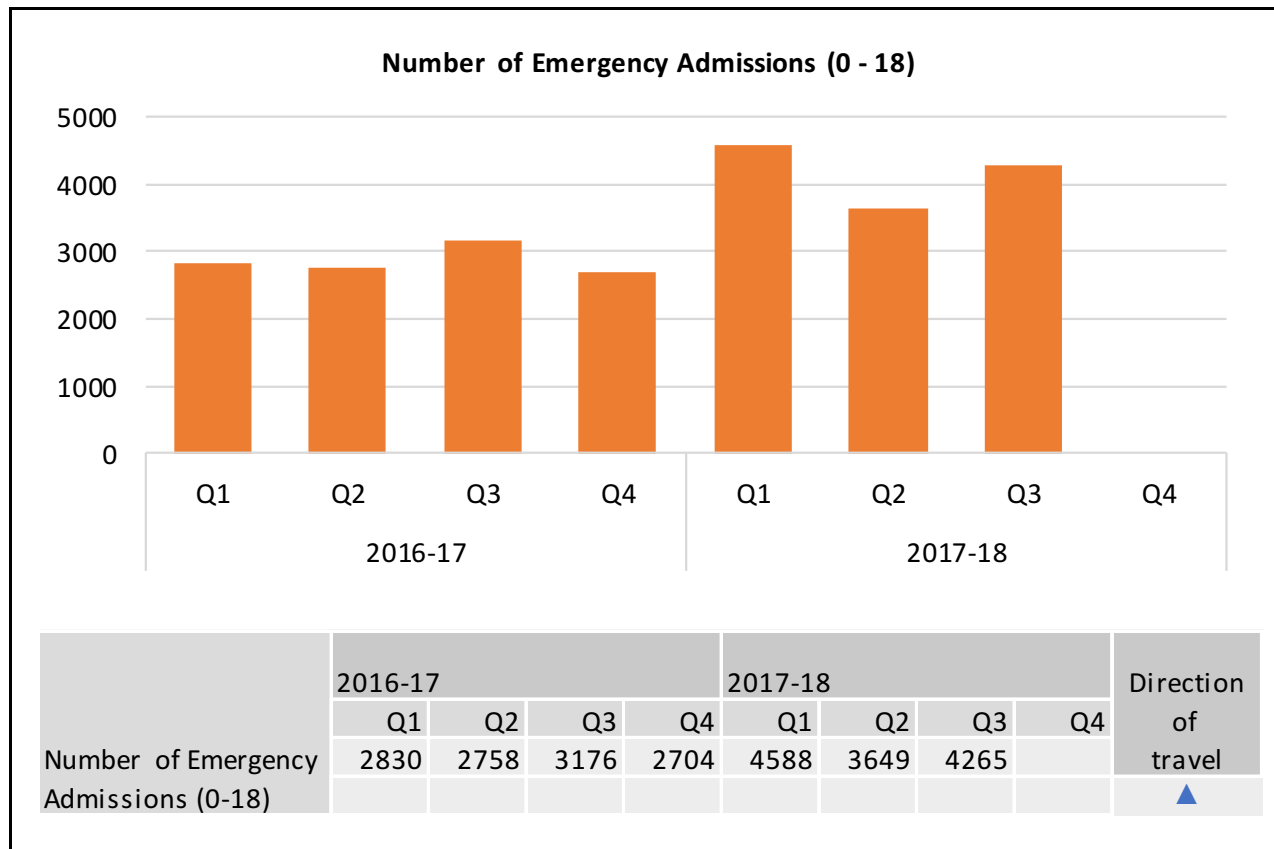developing Buckinghamshire together

- The number of days delayed by organisation shows the highest number occur in Frimley Health NHS Foundation Trust, followed by Buckinghamshire Healthcare NHS Trust.

Days delayed by organisation – All to date
For the period: April to January in the financial year 2017/2018
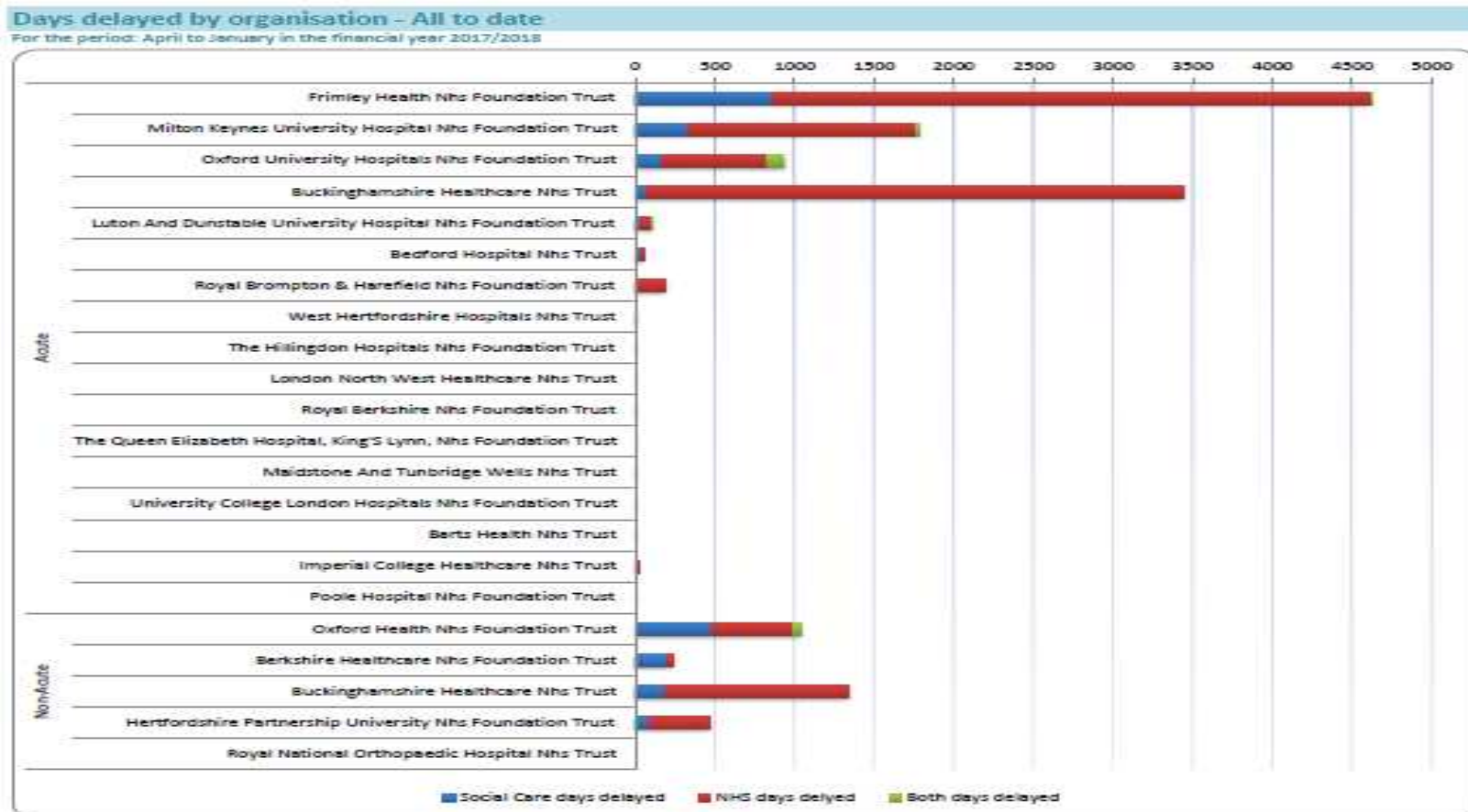
Additional BCF Metric
Non-elective admissions 0-18yrs

- The total number of non-elective admissions for people aged 0-18 between Q1 and Q3 in 2017/18 is 9% higher than for the full year 2016/17

Number of Emergency Admissions (0 - 18)

	2016-17				2017-18				Direction of travel
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Number of Emergency Admissions (0-18)	2830	2758	3176	2704	4588	3649	4265		▲

Our supporting metrics

- There were 210 delayed days attributable to social care in January 2018 against our DToC target of 297.8
- There were 1289 delayed days attributable to the NHS in January 2018 against a target of 711.2
- There were 4 delayed days attributable jointly to NHS and social care in January 2018 against a target of 30.

The performance in January places the social care performance on target although overall the whole system is missing the target.

This shows that the biggest pressure on DToC continues to be health attributable delays

Additional supporting metrics

Updates on these will be reported at the end of Q4

- Reduction in non elective admissions
- Increasing the number of people over 65 still at home 91 days following discharge from hospital
- Reduction in the numbers admitted to long term residential and nursing care

Just 10 days in hospital leads to the equivalent of 10 years' ageing in the muscles for people over 80.*

NHS

We've pledged to do everything we can to keep our elderly people safer, and out of hospital, where appropriate.

What will you do?

NHS Aylesbury Vale and NHS Chiltern Clinical Commissioning Groups

*Functional impact of 10 days of bed rest in healthy older adults. J Gerontal A Biol Sci Med Sci.2008