

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 8th September 2016

Title: Better Care Fund update

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Service: Adult Social Care

Directorate: Deputy Chief Executive

Wards affected: All

1 Background

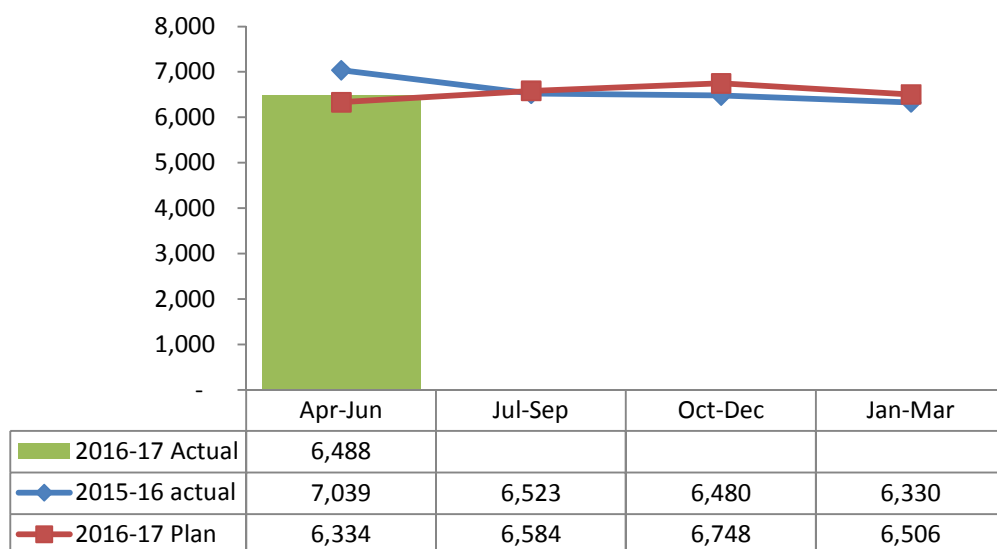
- The Better Care Fund is now in its' second year of operation.
- The Health and Wellbeing Board approved the plan for 2016/17 on 28th April 2016.
- The Governing Body of NHS North Tyneside CCG agreed the plan on 24th May 2016.
- The Cabinet of North Tyneside Council agreed the plan on 13th June 2016.
- The plan has been fully approved by NHS England.
- A previous report to the Adult Social Care, Health and Wellbeing Sub-committee, on 2nd June 2016, outlined the content of the plan.

2 Quarter 1 Progress (April-June 2016)

Emergency admissions

2.1 Figure 1 below shows performance against the BCF trajectory for emergency admissions.

Figure 1: Non-elective emergency admissions - BCF measure

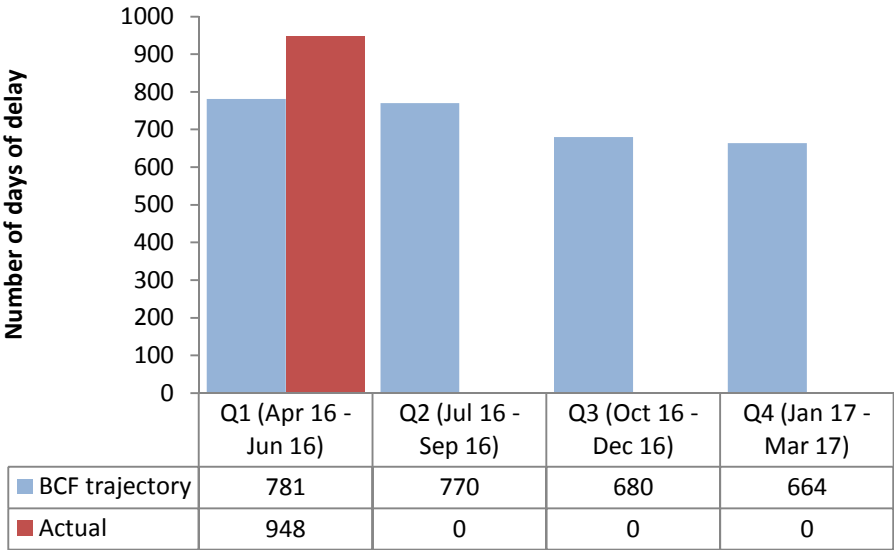


2.2 Although the actual number of admissions was in Q1 2016/17 was 7.4% lower than the same period in 2015/16, the volume was above the BCF trajectory by 154 admissions, or 2.4%

Delayed transfers of care (DTOC)

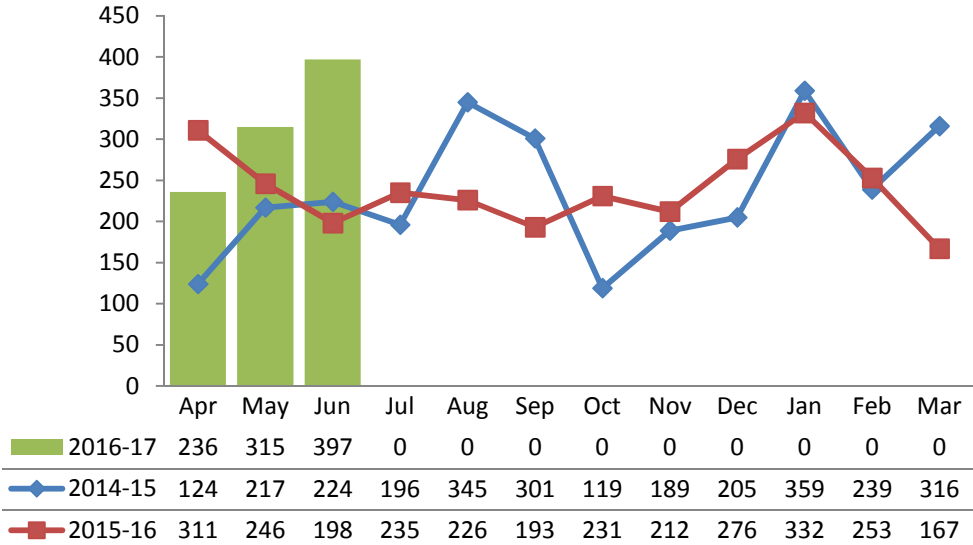
2.3 Whilst North Tyneside had a DTOC rate in the lowest 10% of English HWBs in 2015/16, nevertheless Figure 2 below shows that our trajectory for delayed transfers of care was exceeded by 167 days of delay, or 21%.

Figure 2



2.4 Figure 3 shows that the number of days of delay has increased for each of the last 3 reported months.

Figure 3



2.5 Table 1 below shows the distribution of the delays between NHS providers, and between the responsible agencies.

Table 1

Provider	NHS responsible	Social Care Responsible	Both responsible	Total delays
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	22	61	0	83
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	3	0	0	3
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	694	168	0	862
Grand Total	719	229	0	948

- 91% of days relate to North Tyneside patients admitted to Newcastle Hospitals¹
- 80.5% of delays are classed as “NHS responsible”

2.6 Table 2 below shows the reasons for delay. The most common cause of delay is “waiting for further non-acute NHS care”.

Table 2

Reason for delay	NHS responsible	Social Care Responsible	Both responsible	Total delays
Further non-acute NHS care	328	0	0	328
Patient or family choice	148	26	0	174
Care package in own home	105	54	0	159
Completion of assessment	80	20	0	100
Nursing home	22	61	0	83
Disputes	12	61	0	73
Community equipment or adaptations	24	7	0	31
Grand Total	719	229	0	948

¹ To some extent the difference between reported delays at Newcastle Hospitals and Northumbria Healthcare is a structural issue caused by the data definitions. A transfer between the RVI and NTGH can potentially lead to a delay, but a transfer between NSECH and NTGH cannot lead to a delay because transfers between hospitals managed by the same NHS provider are never reported as delays.

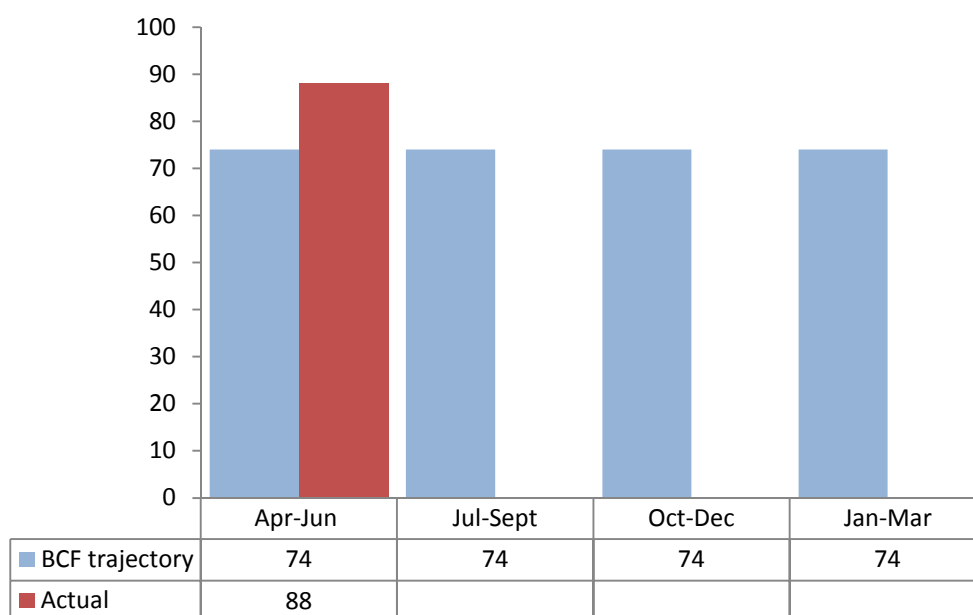
Effectiveness of reablement

2.7 The target for the number of patients at home 91 days after discharge from hospital to reablement was 93.1%. The outturn for Q1 was slightly below, at 92.2%. In 2015/16 the England average was 82%.

Permanent admissions to residential care

2.8 Our BCF trajectory is for a rate of permanent admissions to residential care, per 100,000 persons aged 65+, of 741, which would equate to 296 admissions. In Q1 there were 88 admissions, 12 more than the quarterly target

Figure 4



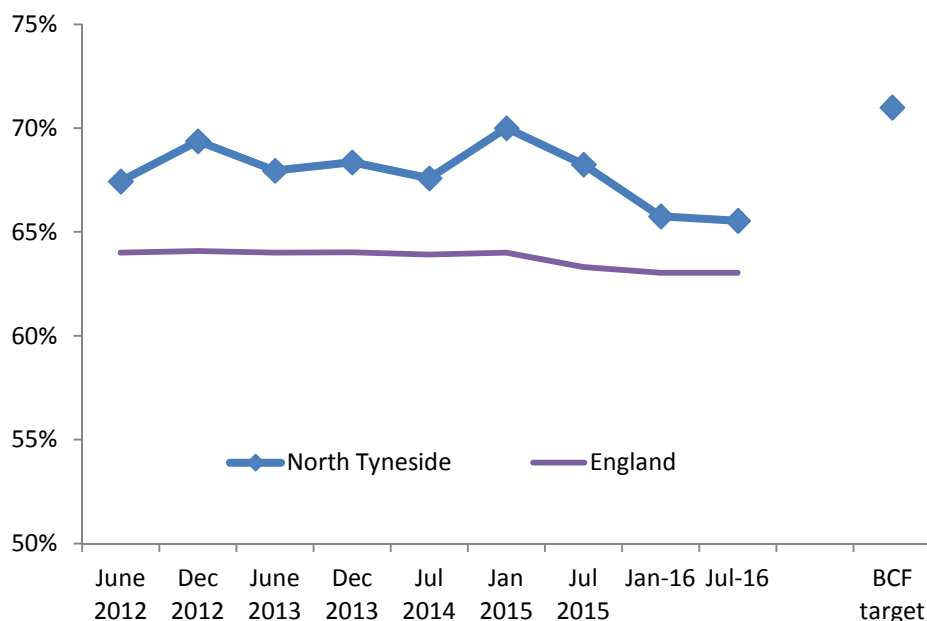
User experience measure

2.9 In the absence of a nationally-agreed measure of the user experience of integrated care, Health and Wellbeing Boards were invited to select their own metric for this purpose. The North Tyneside measure was drawn from the GP-Patient Survey – the % of patients who answered "Yes, definitely" or "Yes, to some extent" to "In last 6 months, have you had enough support from local services to help manage long-term health condition(s)".

2.10 Our target is to achieve a score of 71% but the latest data, released in July 2016, shows a score of 65.5%; the score has reduced in each of the last three reporting periods.

2.11 Figure 5 below shows the trends for this metric since 2012.

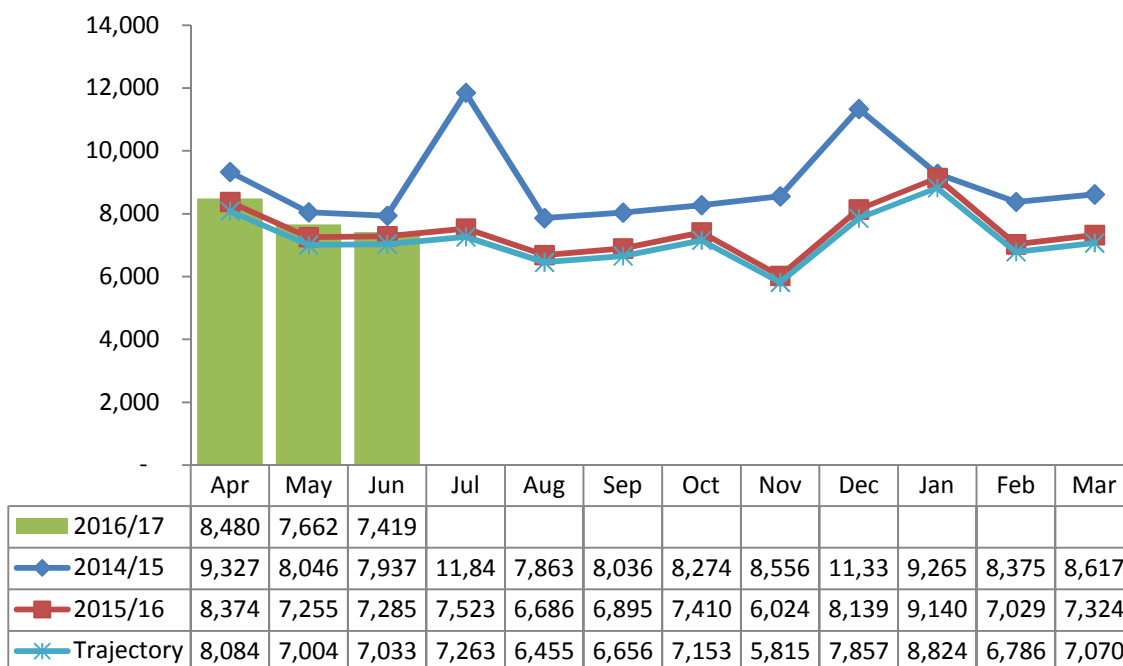
Figure 5: Percentage of patients who report having received enough support for long term conditions



Locally selected metric – Hospital bed days arising from emergency admissions of patients aged 75+

2.12 Figure 6 below shows performance against this metric. There was a downward trend from December 2014 until November 2015, followed by an increase since then; hence the number of bed days for patients aged 75+ was 2.8% above the BCF trajectory.

Figure 6



3 Topic report – Telecare

The committee will receive a presentation from Eleanor Binks – Senior Manager, Integrated Care on the use of Telecare, which is partly funded through the BCF. A briefing note on Telecare Assistive Technology is attached at Appendix 1.

4 Appendices

Briefing Note – Telecare Assistive Technology (30 August 2016)