

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

Date: 10th November 2016

Title: Better Care Fund Update

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Service: Adult Social Care

Wards affected: All

1 Background

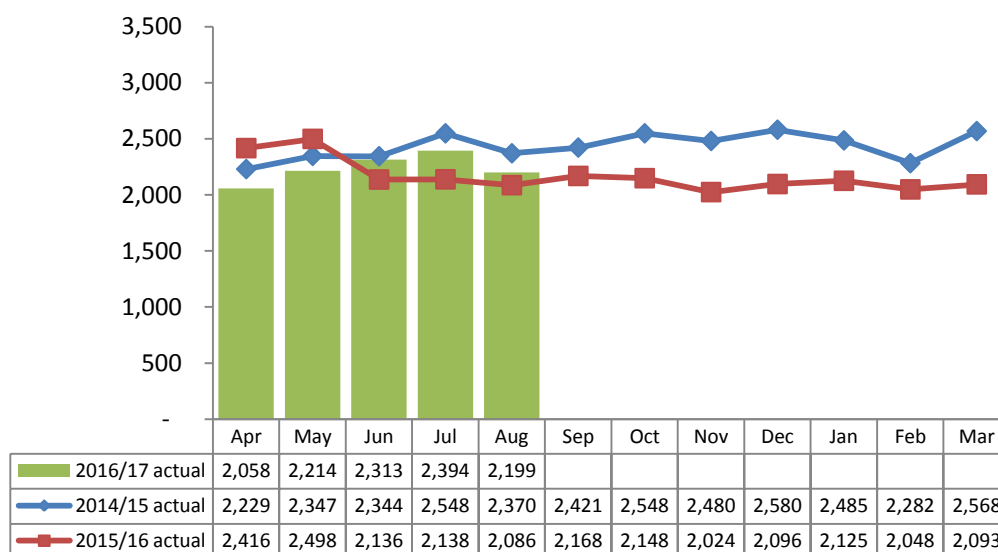
- The Better Care Fund is now in its' second year of operation.
- The Health and Wellbeing Board approved the plan for 2016/17 on 28th April 2016.
- The Governing Body of NHS North Tyneside CCG agreed the plan on 24th May 2016.
- The Cabinet of North Tyneside Council agreed the plan on 13th June 2016.
- 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 Progress from April to August 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

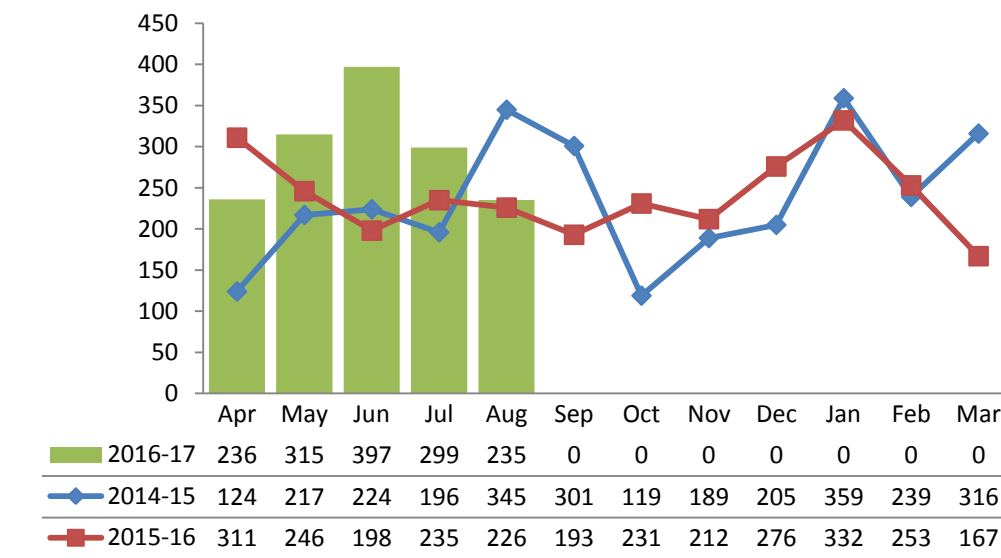


2.2 Emergency admissions in April-August 2016 were 0.9% lower than the same period in 2015. However, admissions increased to above 2015 levels in June, July, and August 2016.

Delayed transfers of care (DTOC)

2.3 Whilst North Tyneside had a DTOC rate in the lowest 10% of English HWBs in 2015/16, however the volume of delays in April-August 2016 were 21% higher than the same period in 2015.

Figure 2



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
GATESHEAD HEALTH NHS FOUNDATION TRUST	0	3	0	3
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	53	61	0	114
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	9	2	0	11
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1137	217	0	1354
Grand Total	1199	283	0	1482

- 91% of days relate to North Tyneside patients admitted to Newcastle Hospitals¹
- 81% 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	NHS responsible	Social Care Responsible	Both responsible	Total delays
Further non-acute NHS care	494	0	0	494
Care package in own home	255	106	0	361
Patient or family choice	261	26	0	287
Completion of assessment	98	20	0	118
Nursing home	53	61	0	114
Disputes	12	61	0	73
Community equipment or adaptations	26	9	0	35
Grand Total	1199	283	0	1482

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.

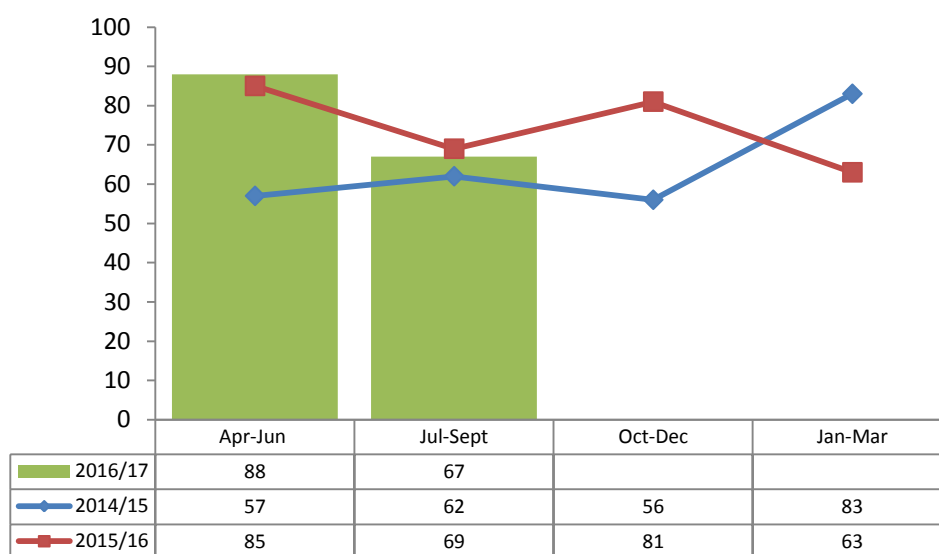
Effectiveness of reablement

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 April-September was slightly below, at 91.9%. 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 April-Sept 2016 there were 155 admissions, 14 more than the half-year target

Figure 3



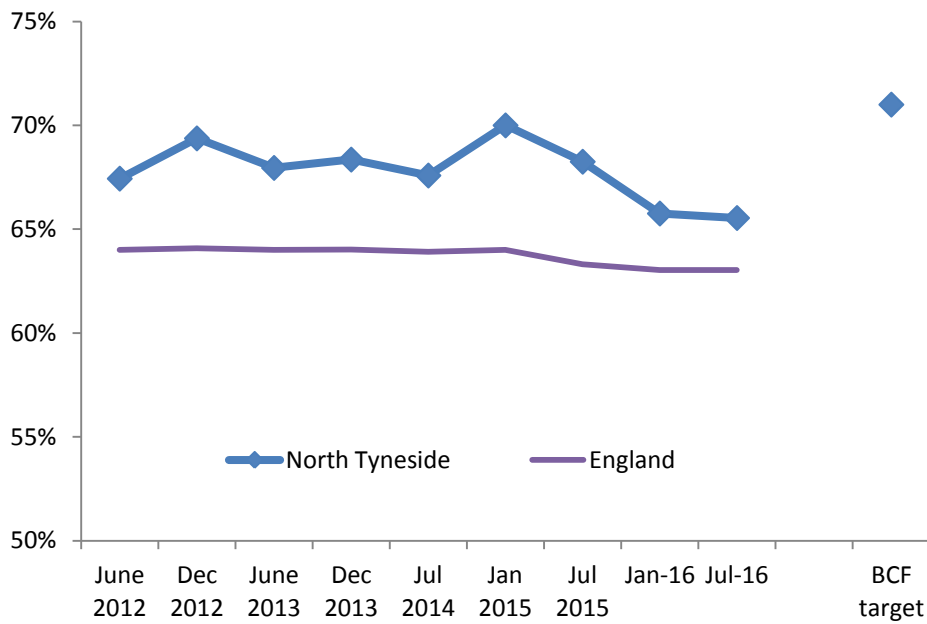
User experience measure

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.

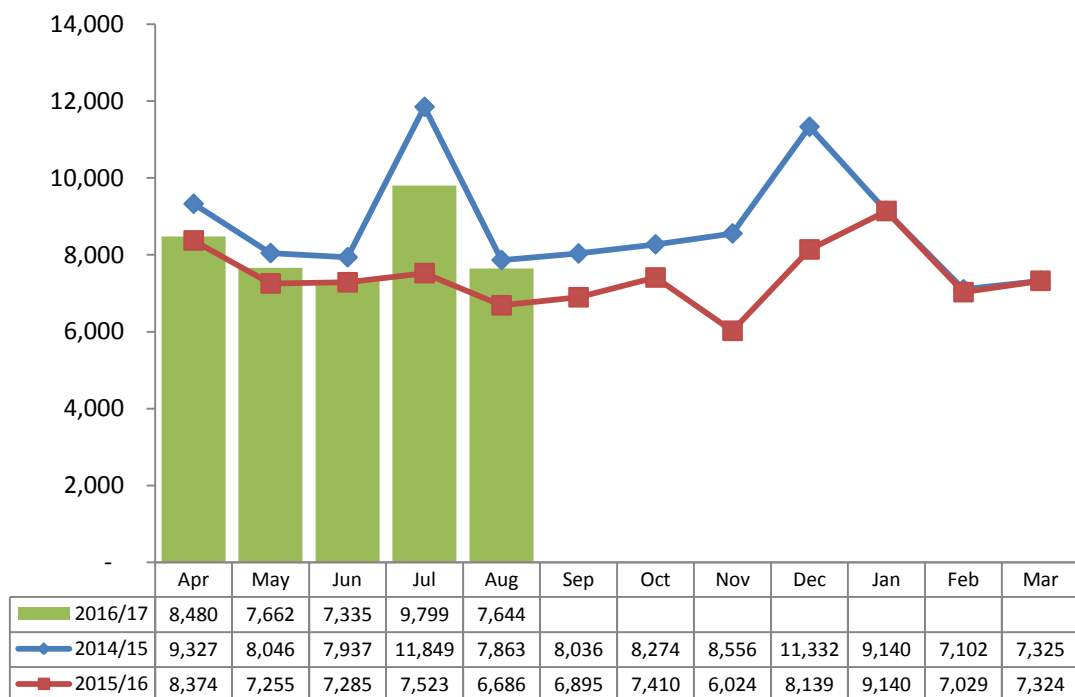
Figure 4: Percentage of patients who report having received enough support for long term conditions



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

2.12 Figure 6 below shows performance against this metric. In April-August 2015 there were 37,123 emergency bed days for patients aged 75+. This increased to 40,920 in April-August 2016, a rise of 10.2%. The BCF target for 2016/17 is 86,000 bed days

Figure 5



3 Topic report – Carepoint

The committee will receive a presentation from Eleanor Binks – Senior Manager, Integrated Care on the use of Carepoint, which is partly funded through the BCF.