

Report to Rutland Health and Wellbeing Board

Subject:	Better Care Fund (BCF) Performance Monitoring
Meeting Date:	Tuesday 24 th March 2015
Report Author:	Katy Lynch
Presented by:	Katy Lynch
Paper for:	Note / Discussion

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

This paper reports performance against the 6 BCF Metrics (where there is up to date information available), and reports summary progress against the Schemes that are currently in place to help achieve the targets set out in the BCF Plan.

Appendix 1 outlines both highlights and exceptions relating to each scheme, as well as updated performance information. Since the last report to the Health and Wellbeing Board in January this year, we have received Q3 information for 3 Metrics as follows:

Metric 1 - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes

During Q3 (October-December 2014) there was a spike in permanent admissions to residential care (See Appendix 2 which sets out the trend), with 18 people recorded during this period as follows:

Month	No. admitted
October	10
November	4
December	4

This is considerably more than the same period of the previous year in which there were 12 people admitted to residential care.

All 18 cases have been analysed to check individual circumstances including whether there were additional vacancies in residential care to fill during this period; this was not the case. Caution must be taken due to the issue of small numbers and reporting methodology. For example, looking retrospectively at individual cases, on occasion some end up returning home (therefore no longer in residential care), where we are aware that this is the case the figures are amended retrospectively. Furthermore, during Q3 there was 1 “property” case, i.e. 1 individual was a self-funder with a deferred payment agreement with the council until their house had sold.

Based on the spike in admissions in Q3, it is unlikely that we will meet our target for the full year.

Metric 3 - Delayed transfers of care (delayed days) from hospital (aged 18+), per 100,000 population

Over the past 12 months there has been a steady increase in the number of

delayed transfers of care from hospital for Rutland residents. Rutland Memorial Hospital (RMH), Peterborough Hospital and University Hospital Leicester are where the majority of Rutland patients are admitted to hospital.

RMH has had the largest number of delayed days followed by Peterborough Hospital, with the majority of delays attributable to patients awaiting a residential or nursing home care package or awaiting completion of an assessment, it must be noted that there is further analysis required to fully understand the delays in more detail such as what assessment patients were waiting for and whether there are alternative measures that could be put in place to “unblock” the system.

The Integration Executive recognises that the current schemes within the BCF Plan might not be sufficiently placed to support reducing delays out of hospital. It is proposed that following more in depth analysis a plan outlining the recommended course of action will be brought for consideration at the Health and Wellbeing Board in June, in the meantime planning will take place to establish what is needed within the Step Up Step Down scheme to address the issues.

Metric 4 - Total non-elective admissions in to hospital (general and acute), all ages. Per 100,000 population (Pay for Performance metric).

The activity related to non-elective admissions to hospital for Rutland GP registered patients (which is what this metric is measured against) demonstrates a reduction in the number of patients admitted. The pay for performance target is measured from Q4 of 2014/15; target is to have 16 less admissions, based on Q1-Q3 performance we would expect to meet the target for Q4.

It is not possible to confirm what the reason for the improved performance is, however it is likely to be down to a number of contributing factors including the Integrated Crisis Response Service that has prevented a number of admissions, as well as the mild winter and raised profile/national media regarding the health and care system including the importance of keeping people at home.

Metrics 2 (Re-ablement), 5 (Patient experience) and 6 (Falls) are annual performance measures and therefore performance against these metrics will not be known until the end of March/April. Therefore Q4 (end of year performance) will be reported to the Health and Wellbeing Board at its meeting in June, this will provide the final position against all 6 Metrics.

Recommendations:

That the board:

1. Notes the contents of this report, specifically the reduced performance for Metrics 1 and 3.
2. Agrees to receive a report in June which sets out a whole system plan of action for reducing delayed discharges from hospital.

Comments from the board:

Strategic Lead:	Mark Andrews
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Risk assessment:		
Time	H	The current BCF plan is time limited; during the next 12 months it will be important to see some tangible benefits.
Viability	M	The BCF plan has been approved and business cases for multiple projects have been developed to contribute to delivery of the metrics; viability has been placed as medium
Finance	M	The BCF plan is currently only funded to 31 st March 2016; plans beyond this date will be reliant on further funding.
Profile	M	The BCF is high profile; it is important that progress against the plan is reported publicly to ensure members of the public are aware of what is being put in place to respond to pressures in the health and care system.
Equality & Diversity	L	