

Better Care Fund 2016/17

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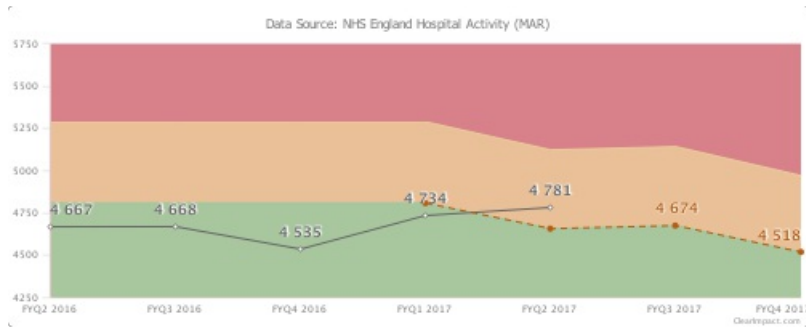
Time
Period

Actual
Value

Target
Value

Current
Trend

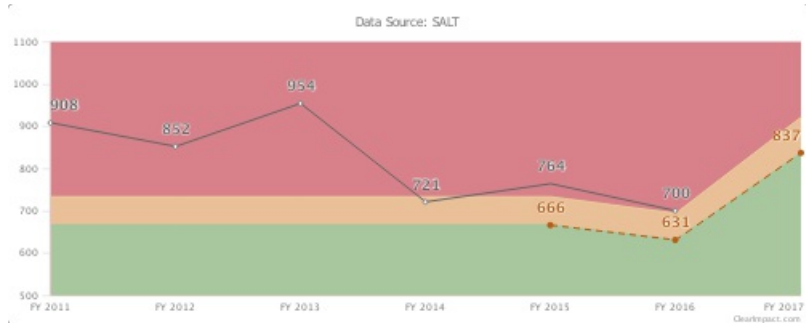
I Q BCF - Non-elective admissions FFCE (First Finished Consultant Episodes)



Story Behind the Curve

Non Elective Admissions for Bury Patients is slightly higher than the target for the quarter.

I A BCF - Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population



Story Behind the Curve

The Better Care Fund Guidance changed for the 2016/17 submission to **include full-cost clients** in this measure which has increased the size of the cohort this necessitated an increase in target and prevents like for like comparison.

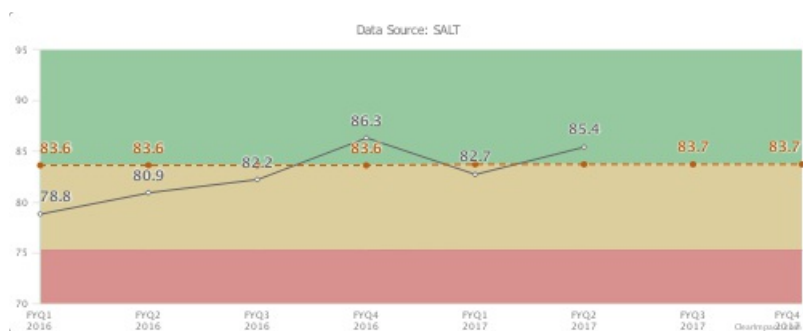
The full year target for 2015/16 was 631 per 100,00 population, the actual figure was 700 per 100,000.

Why Is This Important?

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.



BCF - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



FYQ2 2017	85.4%	83.7%	↗	1
FYQ1 2017	82.7%	83.7%	↘	1
FYQ4 2016	86.3%	83.6%	↗	3
FYQ3 2016	82.2%	83.6%	↗	2
FYQ2 2016	80.9%	83.6%	↗	1
FYQ1 2016	78.8%	83.6%	↘	1
FYQ4 2015	88.9%	82.0%	↗	2
FYQ3 2015	80.8%	82.0%	↗	1
FYQ2 2015	77.8%	82.0%	↘	3
FYQ4 2014	81.4%	—	↘	2

Story Behind the Curve

This measures continues to achieve target.

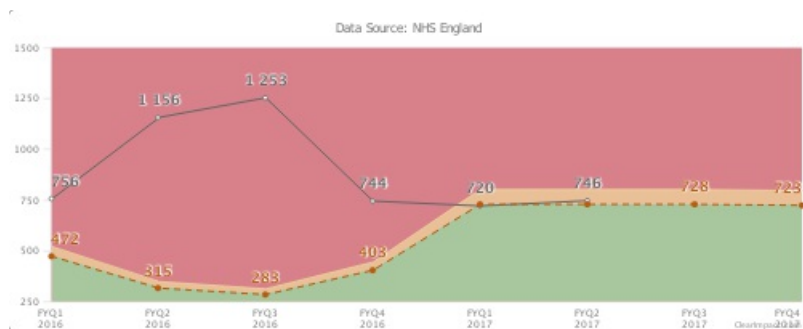
Why Is This Important?

There is strong evidence that Reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services.

This measures the benefit to individuals from Reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge - the key outcome for many people using Reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care Reablement.



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

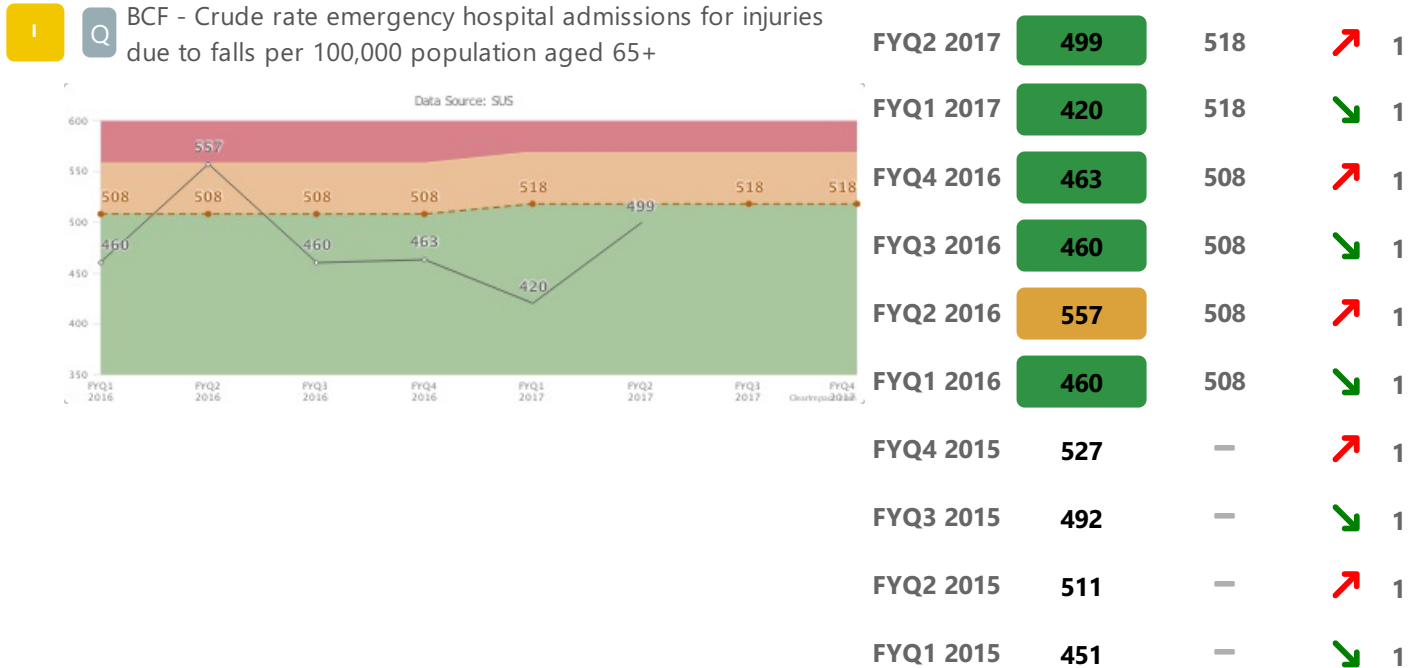


FYQ2 2017	746Days	728Days	↗	1
FYQ1 2017	720Days	728Days	↘	2
FYQ4 2016	744Days	403Days	↘	1
FYQ3 2016	1,253Days	283Days	↗	4
FYQ2 2016	1,156Days	315Days	↗	3
FYQ1 2016	756Days	472Days	↗	2
FYQ4 2015	579Days	410Days	↗	1
FYQ3 2015	431Days	537Days	↘	1
FYQ2 2015	816Days	816Days	↗	4

Story Behind the Curve

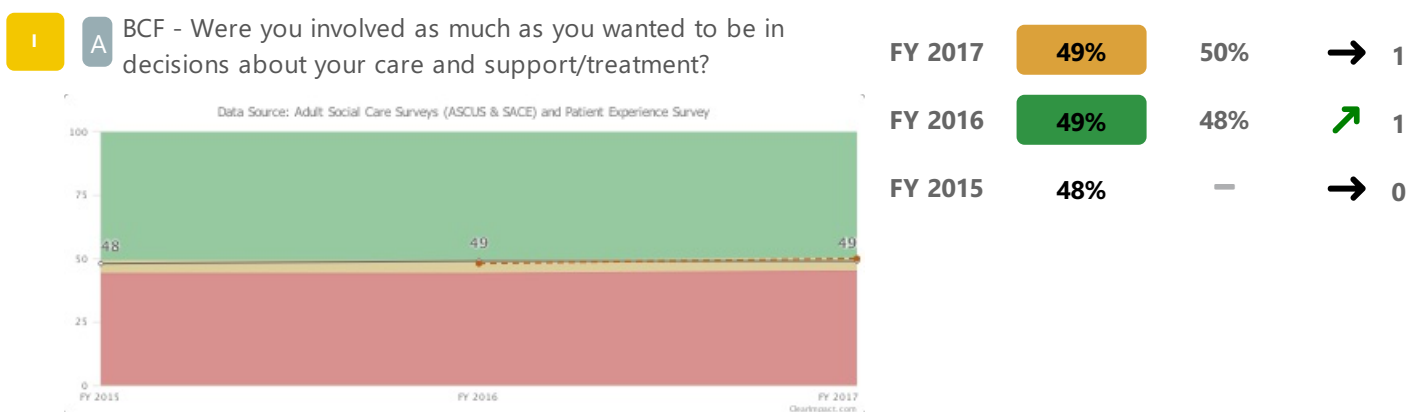
This indicator is delayed days for Patients from Bury LA per 100,000 population.

Currently on target for the year. Plans are in development to review and improve the reporting process.



Story Behind the Curve

Recently seen as increase in falls which whilst still within target range is not the right direction. Therefore may not achieve target at year end.



Story Behind the Curve

Why Is This Important?

Outcome sought

- To take steps to begin to understand patient experience in relation to the delivery of integrated care.

- To develop a system which measures patient experience of integration over time, allowing any improvements to be demonstrated.

Selection of the Patient User Experience Metric

The Better Care Fund – technical guidance v2, states that 'Analysis of potential existing measures has identified a number of shortcomings in these measures, particularly in their ability to reflect experience across entire journeys of care and sectors.' Since there is no existing national metric that adequately captures the experience of integrated care new metrics needed to be developed.

The question ranked the highest by the patient cabinet and the health & wellbeing board was selected as an appropriate measure because there is an equivalent existing question on the GP Patient survey. There was no equivalent on the Personal social services carers survey or the Personal social services adult social care survey, however the council is able to add additional questions to these surveys.

Were you involved as much as you wanted to be in decisions about your care and support/treatment?

Baseline and Milestones

Baseline data will be provided from the GP Patient survey. No baseline data is available for these questions from the data collated for the Personal social services carers survey and the Personal social services adult social care survey. Improvement will be measures bi-annually for carers and annually for adult social care users as the surveys are conducted.

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Better Care Fund Performance Monitoring 2016/17

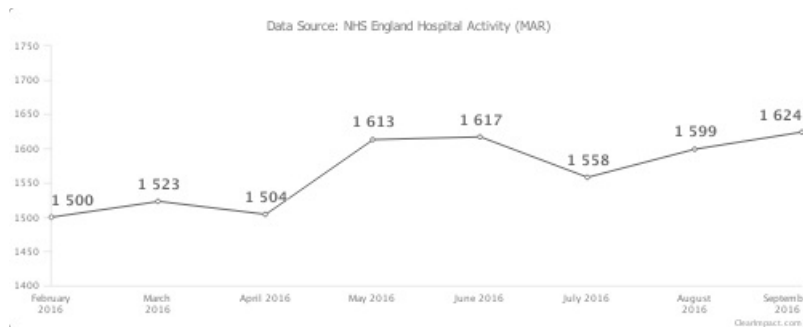
Time
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Trend

PM M Non-elective admissions FFCE (First Finished Consultant Episodes)

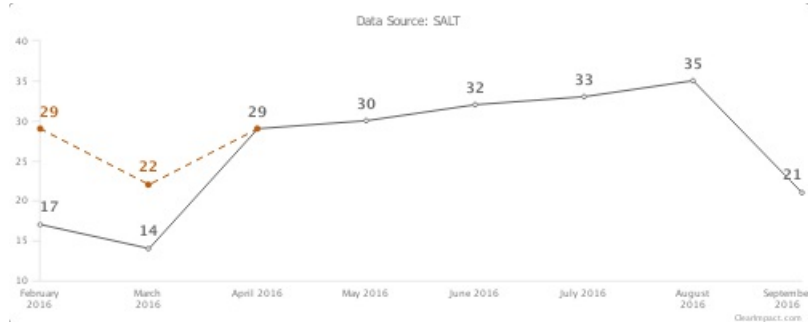


Sep 2016	1,624	—	↗	2
Aug 2016	1,599	—	↗	1
Jul 2016	1,558	—	↘	1
Jun 2016	1,617	—	↗	2
May 2016	1,613	—	↗	1
Apr 2016	1,504	—	↘	1
Mar 2016	1,523	—	↗	1
Feb 2016	1,500	—	↘	2
Jan 2016	1,512	—	↘	1
Dec 2015	1,599	—	↗	1

Story Behind the Curve

Actual number of Non Elective Admissions for Bury Patients

PM M Permanent admissions of older people (aged 65 and over) to residential and nursing care homes



Sep 2016	21	—	↘	1
Aug 2016	35	—	↗	5
Jul 2016	33	—	↗	4
Jun 2016	32	—	↗	3
May 2016	30	—	↗	2
Apr 2016	29	29	↗	1
Mar 2016	14	22	↘	2
Feb 2016	17	29	↘	1
Jan 2016	19	26	↗	1
Dec 2015	17	27	↘	3

Story Behind the Curve

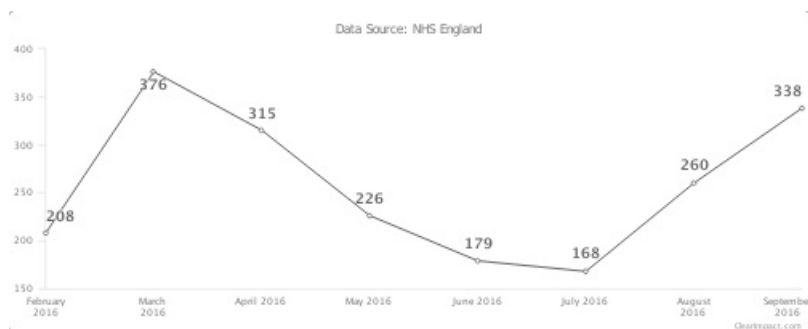
Currently this measure is not on track to meet target when projected to the full 12 months. There are a number of people who may be in residential care on a temporary placement, however this is not known for certain at the time of calculating this data. This people are checked each month and the figures will be reduced accordingly once temporary status is confirmed.

Why Is This Important?

This performance indicator measures the **number of new people each month that Bury Council supports in a residential care placement**. This includes those funded by the council and full-cost clients supported by the council. The measures picks up new admission to residential care homes, self-funders who already live in residential placements who's funding has dropped below the threshold and those who are no longer fully funded by health.

Change in BCF Guidance - From April 2016 full-cost clients (who pay for their own residential placement but are supported by the council) are now included in this measure. The **dotted line** applies the new guidance to the previous 12 months data to allow like for like comparison.

PM M Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)

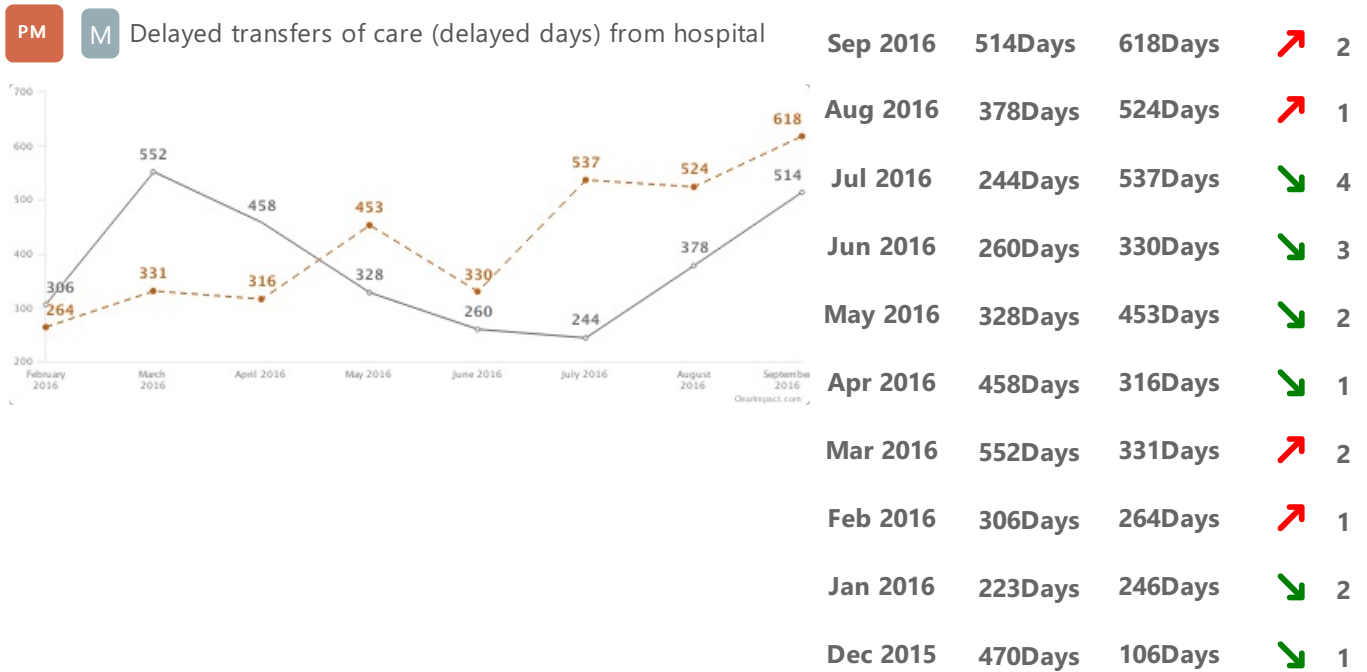


Sep 2016	338Days	—	↗	2
Aug 2016	260Days	—	↗	1
Jul 2016	168Days	—	↘	4
Jun 2016	179Days	—	↘	3
May 2016	226Days	—	↘	2
Apr 2016	315Days	—	↘	1
Mar 2016	376Days	—	↗	2
Feb 2016	208Days	—	↗	1

Jan 2016	152Days	—	↘ 2
Dec 2015	320Days	—	↘ 1

Story Behind the Curve

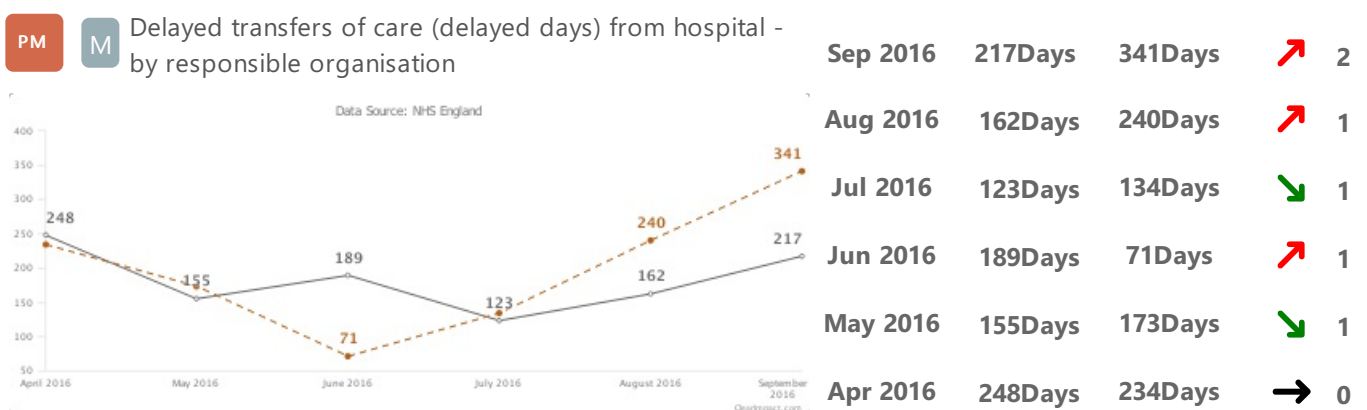
This indicator is delayed days for Patients from Bury LA per 100,000 population.



Story Behind the Curve

The number of actual delayed days for Patients from Bury LA.

The **dotted line** represents the previous year's actual values allowing a comparison over the last 12 months.



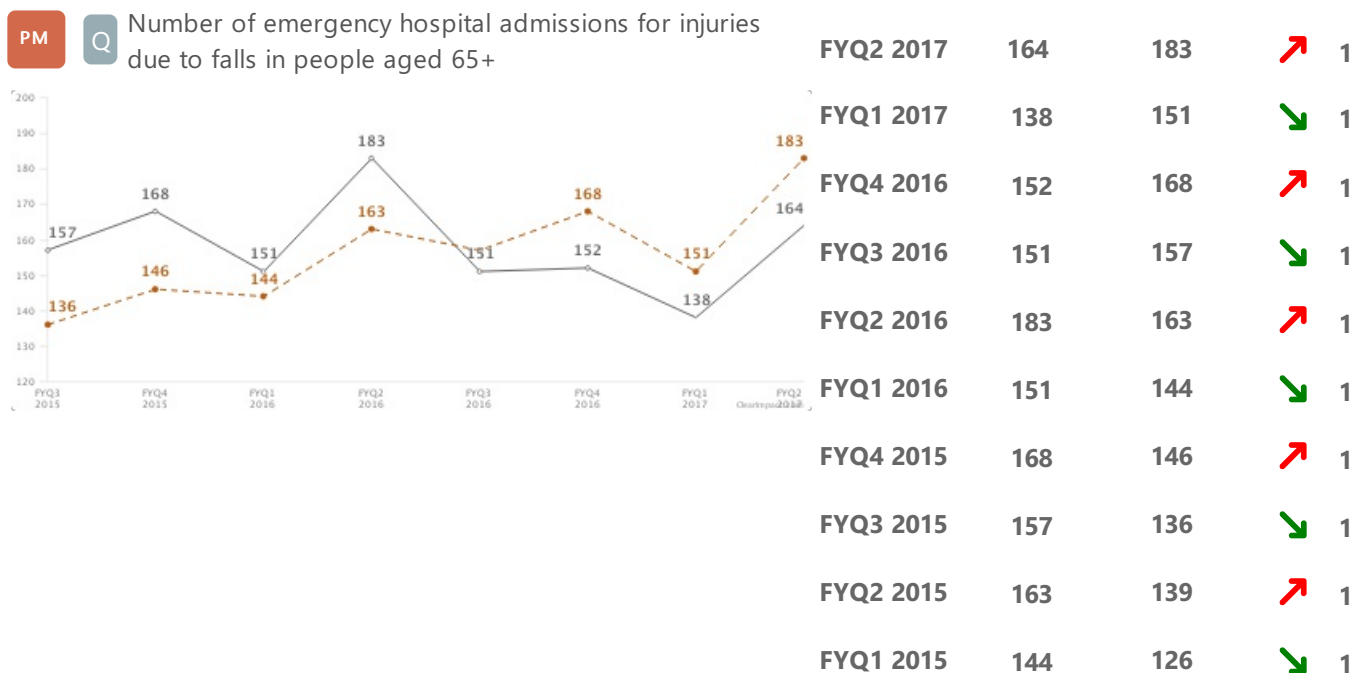
Story Behind the Curve

Actual number of delayed days for Patients from Bury LA.

- The grey line represents NHS responsible organisation
- The **dotted line** represents Social Care is the responsible organisation.
- Where both organisations were responsible, the number of days has been added to both organisations.

The top two delays for each organisation were:

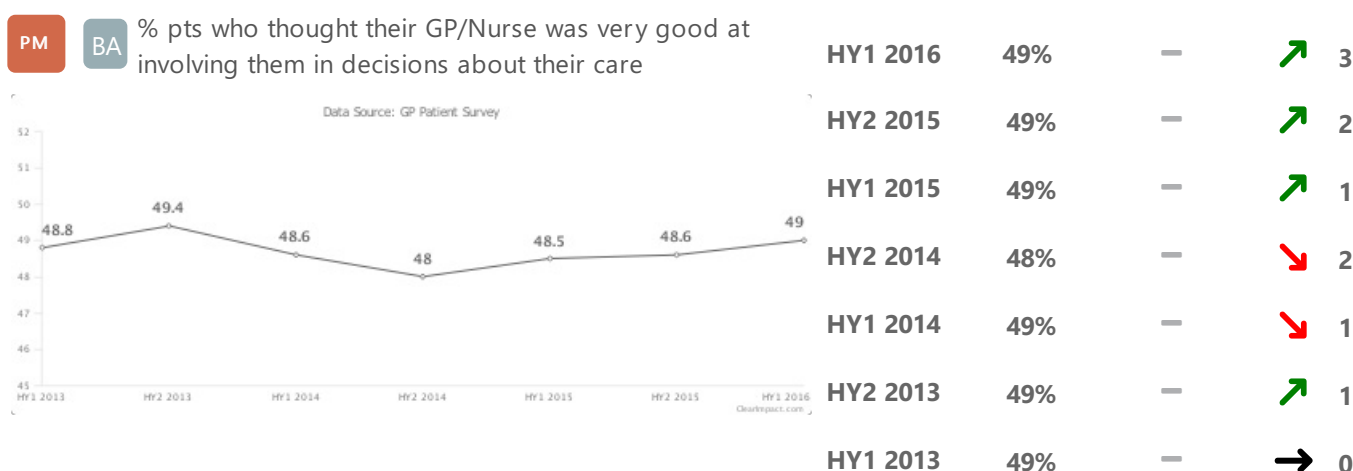
- NHS: Patient or family choice & Waiting further NHS non-acute care
- Social Care: Awaiting care package in own home, completion of assessment



Story Behind the Curve

Actual number of admissions for injuries due to falls

The **dotted line** represents the previous year's actual values allowing a comparison over the last 12 months



Story Behind the Curve

The GP Patient survey is conducted every 6 months. The data is determined by combining the two questions Patient who thought their GP and/or their nurse were very good at involving them in decisions about their care.

The performance has remained very static over recent years.

PM

A

% pts who thought social work staff were very good at involving them in decisions about their care

FY 2016

60%

—



1

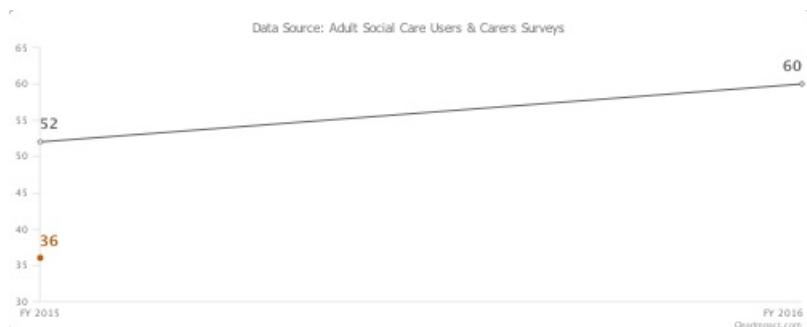
FY 2015

52%

36%



0



Story Behind the Curve

The Adult Social Care users Survey is conducted annually and the Carer's survey, represented by the **orange line**, is conducted every 2 years. An additional question was added to each survey to mirror the question in the GP patients survey to monitor how involved people felt in decisions about their care and support.

The users survey is much higher than the carers survey response. Awaiting the next set of carers results, potentially an increase in this will improve the measure.

