

Better Care Fund Indicator Report

August 2015

V4.3



NHS
*Nottingham City
Clinical Commissioning Group*

Data Sources

Activity is monitored using a number of data tools and sources:

Residential Admissions – Local Authority Reporting Systems

Reablement Metrics – Local Authority Reporting Systems

Delayed Transfers of Care – NHS England monthly DTOC Reports

Non Elective Admissions to Hospital

- Monthly Activity Recording (MAR) published by HSCIC
- Secondary User Service (SUS) held in local data warehouse
- Fast Track Reporting - early reporting feed received from NUH

Admission Reduction Programme

- Nottingham CityCare Monthly Performance Report

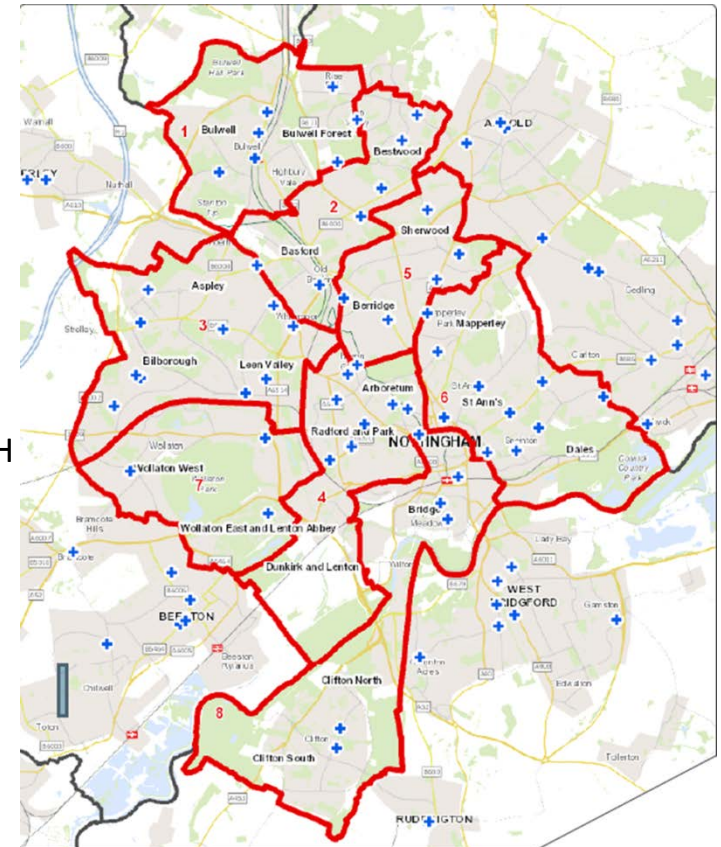
Assistive Technology

- AT project statistics

Patient/Service User Improvement Metric

- Patient Surveys

Care Delivery Groups



Dashboard

NHS Nottingham City CCG

Meets target	Within 0.1% - 5% of target	>5% from target



Better Care Fund Metrics Dashboard

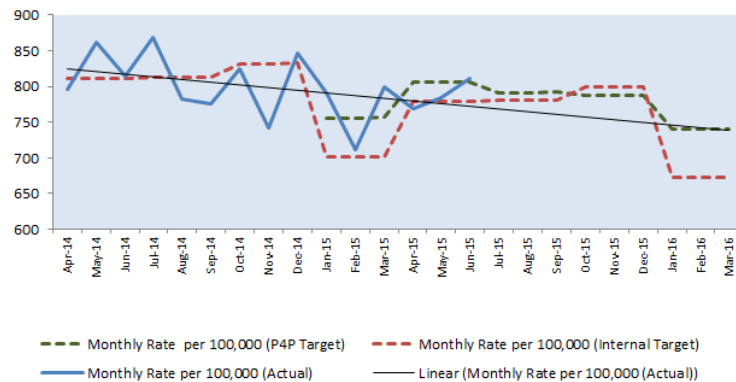
Version at 27-Aug-15

	Indicator	2015/16 Target	2015/16 Year to Date Target	2015/16 year to Date Actual	Year to date Performance	Month of Activity	Month Target	Month Actual	Month Performance	What trend is best	Month on Month trend
Summary	1 Residential Admissions	221	74	84	10	Jul-15	18	28	10	Lower	
	2 Reablement - still at home 91 days after discharge	66.7%	66.7%	57.9%	-8.8%	Jul-15	66.7%	56.9%	-9.8%	Higher	
	3 Delayed Transfers of Care	9,314	2,416	2,340	-76	Jun-15	806	857	51	Lower	
	4a Non Elective Admissions to Hospital (G&A) - Payment for Performance	29,465	7,593	7,413	-180	Jun-15	2,531	2,544	13	Lower	
	4b Non Elective Admissions to Hospital (G&A) - local target	28,562	7,326	7,413	87	Jun-15	2,442	2,544	102	Lower	
	5 Proportion of 65yrs + Population Supported by Assistive Technology	6,000	5,200	5,002	-198	Jul-15	100	141	41	Higher	
6 Improvement in Citizen Health & Social Care Outcomes	83%	83%	83%	0.0%	Jul-15	83%	83%	0.0%	Higher		

Quarter 1 Payment for Performance target has been met.

Non Elective Admissions - MAR

Rate of Non Elective Admissions (General & Acute)



Source: MAR – with adjustment, admissions per 100,000 pop

Chart 1

Non Elective Admissions (General & Acute) P4P performance

Payment for Performance Fund		Quarterly Performance
		Q1 2015-16
Q1 15/16 Target		7593
Q1 15/16 Actual Performance		7413
Variance against target		-180
Admissions reduced absolute		-303
Payment achieved	£183,949	
% Payment Achieved	100%	
Payment available during Quarter	£183,949	
Payment not available	£0	

Source: MAR

Table 1

Non Elective Admissions (General & Acute) local target performance

Month	Target (local)	Actual	Variation	Var at Quarter
Jan-15	701	789	88	
Feb-15	701	713	12	
Mar-15	701	796	95	195
Apr-15	778	767	-12	
May-15	778	783	5	
Jun-15	778	811	33	26

Source: MAR—with adjustment, admissions per 100,000 pop

Table 2

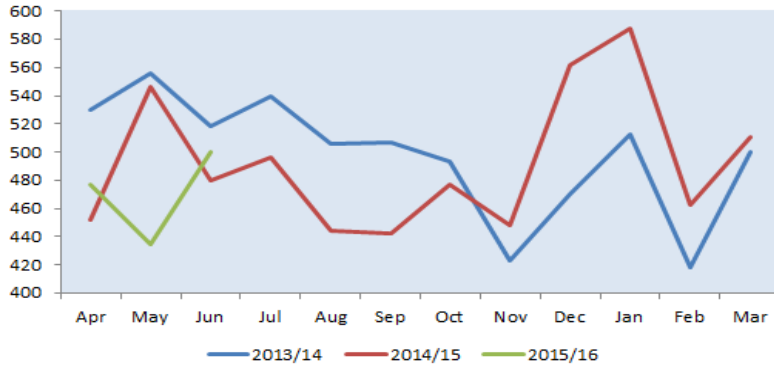
Chart 1 - admissions against target based on MAR with adjustment for other CCGs activity counted within the Nottingham City target. This chart includes both the revised target and the internal target. The general trend in admissions is downwards but June performance was above the P4P target and the internal target.

Table 1 shows Q1 payment for performance based on April and June. P4P for Q1 appears to have been met, however this is due to good performance in April and May offsetting the June figure. 180 admissions below target for the quarter based on admission rates.

Table 2 shows figures for monthly performance against the internal target based on admissions per 100,000 population.

Non Elective Admissions - SUS

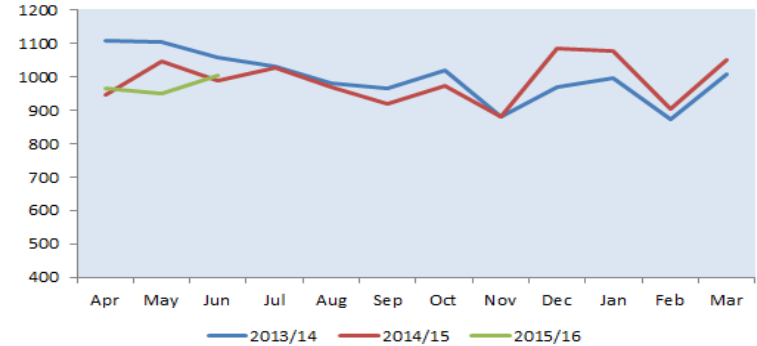
Non Elective Admissions for patients aged 80 years and older (General & Acute)



Source: SUS

Chart 1

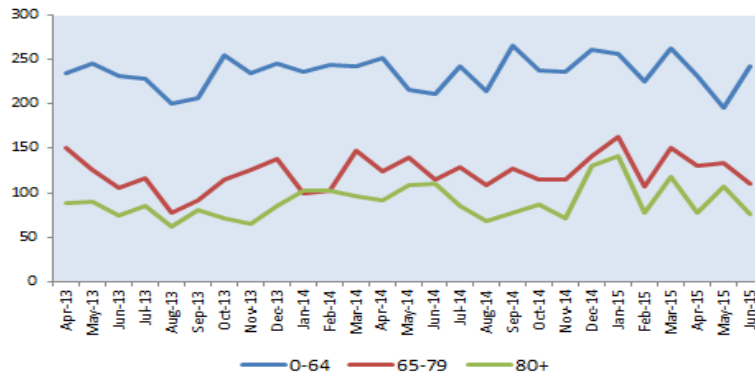
Non Elective Admissions for patients aged 65 years and older (General & Acute)



Source: SUS

Chart 2

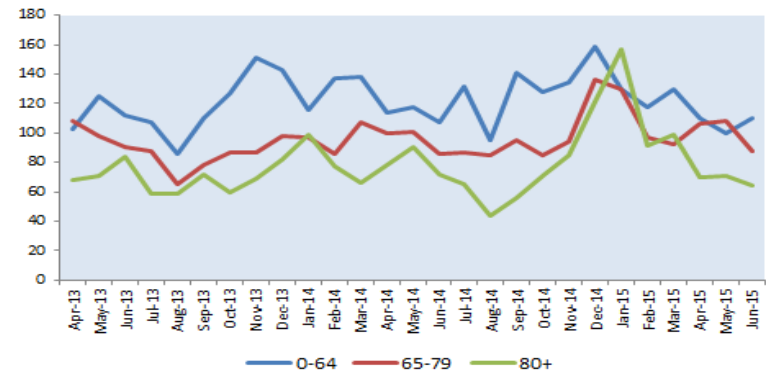
Non Elective Admissions for patients with LTC (ACS) (General & Acute)



Source: SUS

Chart 3

Non Elective Admissions for patients with Respiratory Diagnosis (General & Acute)

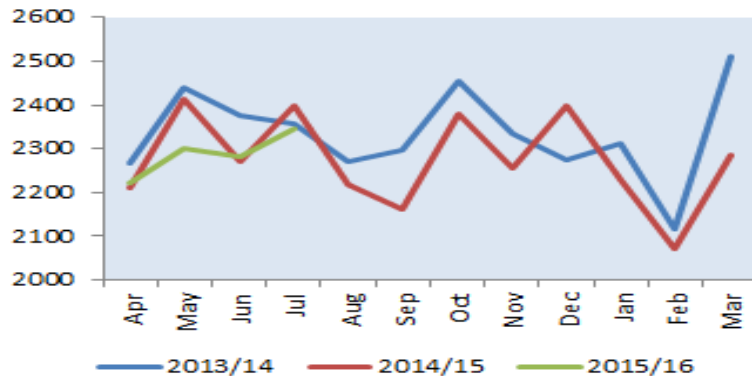


Source: SUS

Chart 4

Non Elective Admissions – Fast Track

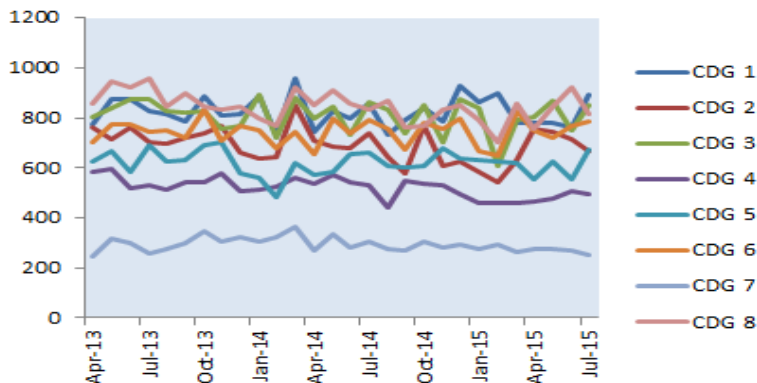
Non Elective Admissions (General & Acute) NUH only



Source: Fast Track

Chart 5

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)



Source: Fast Track

Chart 6

Non Elective Admissions – SUS

SUS is the detailed information that is published nationally allowing break down by diagnosis, procedure and HRG for All Providers.

Chart 1 Non Elective Admissions for patients aged 80 years and older. Admissions for June 2015 were higher than those seen April and May this year.

Chart 2 Non Elective Admissions for patients aged 65 years and older. Admissions for June 2015 were in line with those numbers seen in previous years.

Chart 3 Non Elective Admissions to NUH with LTC based on Ambulatory Care Sensitive (ACS) definitions. June 2015 is similar to the previous 2 months of the year.

Chart 4 Non Elective Admissions to NUH with a Respiratory primary diagnosis

Non Elective Admissions – Fast Track

Early sight of data for NUH without details of diagnosis and responsible commissioner.

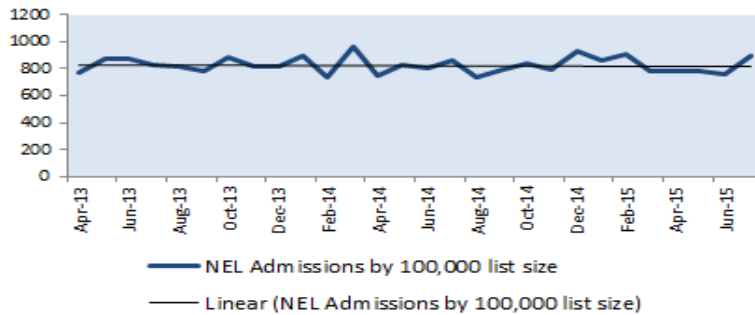
Chart 5 Non Elective admissions for June 2015 appear to be similar to the levels seen in both previous years, however the trend for the 2015/16 to date is upwards.

Chart 6 Non Elective Admissions by CDG as a proportion of constituent CDG Practice List sizes per 100,000.

Non Elective Admissions – Fast Track

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG 1

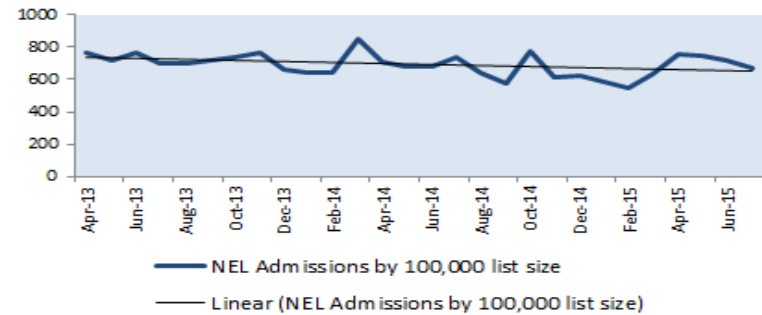


Source: Fast Track

Chart 1

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG 2

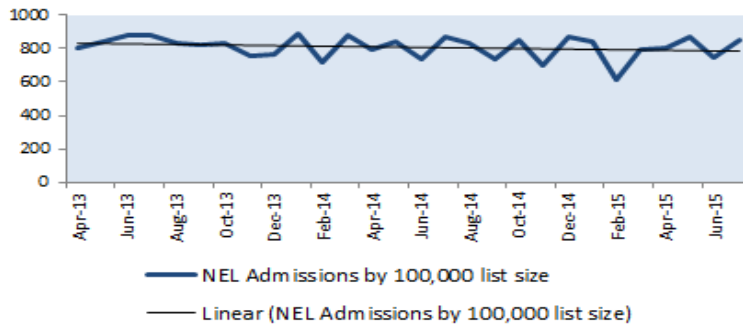


Source: Fast Track

Chart 2

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG 3

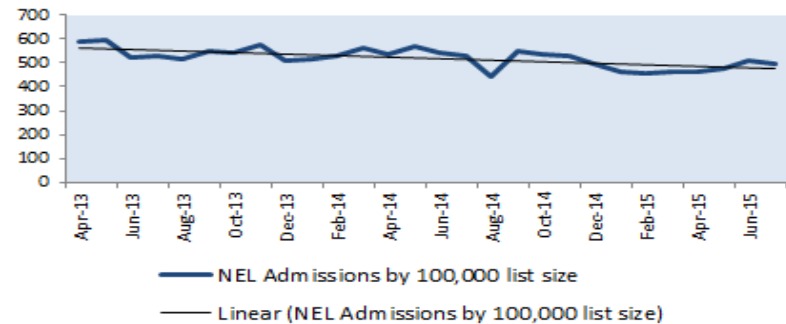


Source: Fast Track

Chart 3

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG 4



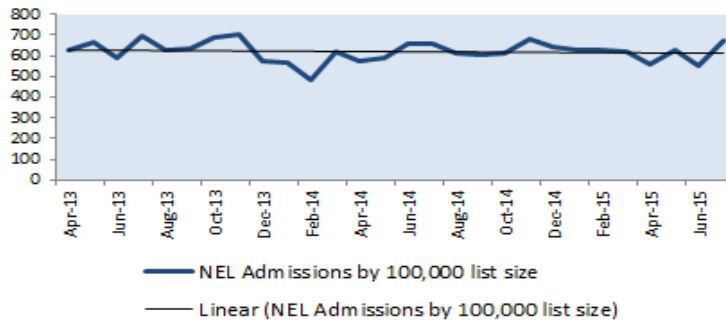
Source: Fast Track

Chart 4

Non Elective Admissions – Fast Track

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG 5

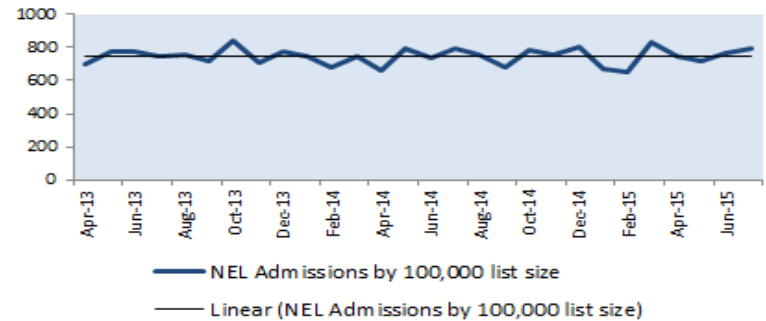


Source: Fast Track

Chart 1

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG 6

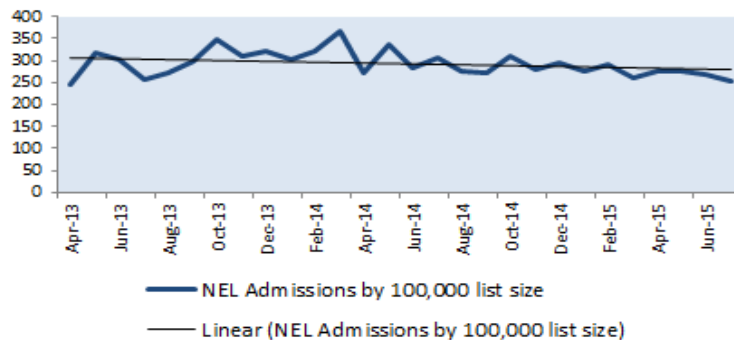


Source: Fast Track

Chart 2

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG 7

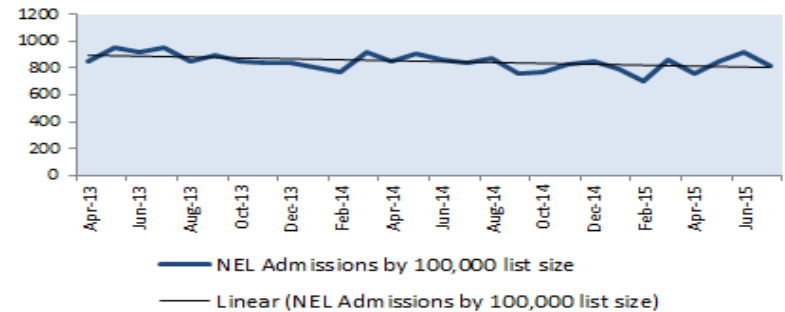


Source: Fast Track

Chart 3

Non Elective Admissions (General & Acute) by CDG (NUH Only) (rate per 100,000 CDG raw list size)

CDG 8



Source: Fast Track

Chart 4

Non Elective Admissions – Fast Track

Non Elective Admissions (General & Acute) by CDG percentage change - 6 month rolling average

Month	CDG 1	CDG 2	CDG 3	CDG 4	CDG 5	CDG 6	CDG 7	CDG 8
Oct-13	2.5%	-0.4%	0.5%	-1.0%	2.2%	3.2%	6.9%	0.1%
Nov-13	-1.0%	1.3%	-1.6%	-0.4%	1.4%	-1.0%	0.2%	-1.9%
Dec-13	-0.9%	-2.1%	-2.1%	-0.2%	0.4%	0.4%	1.7%	-1.3%
Jan-14	1.5%	-1.3%	0.6%	-0.3%	-2.9%	0.5%	3.3%	-2.8%
Feb-14	-1.2%	-1.1%	-1.7%	0.6%	-3.7%	-1.2%	3.1%	-1.6%
Mar-14	4.6%	3.8%	2.1%	0.7%	0.8%	1.2%	4.0%	0.8%
Apr-14	-1.3%	0.5%	0.4%	-0.1%	-2.1%	-3.4%	-3.1%	0.5%
May-14	2.0%	-0.7%	2.8%	0.1%	-1.9%	2.5%	2.7%	1.8%
Jun-14	1.4%	1.4%	0.5%	1.2%	3.1%	-0.1%	-0.6%	0.8%
Jul-14	1.0%	3.4%	0.7%	0.7%	3.5%	1.6%	1.5%	1.2%
Aug-14	1.5%	1.2%	3.3%	-2.5%	4.5%	2.5%	-1.1%	2.5%
Sep-14	-2.2%	-6.0%	-2.3%	0.4%	-0.2%	-0.9%	-3.5%	-2.9%
Oct-14	2.4%	2.5%	1.9%	0.8%	1.3%	3.5%	2.9%	-1.5%
Nov-14	-0.5%	-0.4%	-2.1%	-0.5%	2.6%	-0.4%	-2.5%	-1.3%
Dec-14	3.1%	0.1%	4.1%	-0.8%	-0.3%	1.7%	0.9%	0.0%
Jan-15	0.7%	-2.4%	0.6%	-1.6%	-0.6%	-2.3%	-1.2%	-0.7%
Feb-15	3.8%	-1.4%	-3.4%	1.1%	0.5%	-2.0%	1.3%	-3.2%
Mar-15	0.2%	3.0%	3.5%	-2.8%	0.6%	4.4%	-0.3%	2.5%
Apr-15	-0.7%	0.7%	1.2%	-2.3%	-1.3%	0.3%	-1.6%	0.4%
May-15	0.3%	3.8%	5.4%	-1.8%	-1.1%	0.1%	0.0%	1.0%
Jun-15	-3.1%	2.9%	-0.9%	0.6%	-2.1%	0.3%	-1.3%	2.2%
Jul-15	1.0%	2.8%	2.0%	1.3%	1.8%	3.5%	-1.4%	1.4%

average
percentage change
over 6 month
rolling period

< or = 0%
between 0% and 3%
>3%

Table 1

Source: Fast Track

Table 1 – Shows the rolling average percentage change in Non Elective admissions by CDG per 100,000 population of list size, based on rolling 6 month periods.

Non Elective Admissions – Fast Track

Non Elective Admissions (General & Acute) by CDG actual admissions - 6 month rolling average

Month	CDG 1	CDG 2	CDG 3	CDG 4	CDG 5	CDG 6	CDG 7	CDG 8
Oct-13	843	722	844	542	649	767	299	903
Nov-13	833	731	831	538	655	756	298	885
Dec-13	823	714	813	536	653	755	301	872
Jan-14	833	704	816	534	632	756	309	846
Feb-14	820	695	798	536	608	743	317	832
Mar-14	849	717	807	539	607	747	328	835
Apr-14	825	713	802	537	587	718	315	836
May-14	829	699	816	536	567	732	320	848
Jun-14	827	701	811	542	581	727	314	851
Jul-14	821	717	806	545	597	734	314	857
Aug-14	822	717	825	531	617	747	306	874
Sep-14	794	671	802	529	614	736	290	848
Oct-14	810	681	811	529	621	757	296	834
Nov-14	803	669	788	522	636	750	287	821
Dec-14	824	660	810	514	633	761	289	820
Jan-15	825	635	806	502	628	739	284	812
Feb-15	853	618	769	505	631	721	287	785
Mar-15	850	627	778	490	634	747	285	801
Apr-15	840	624	770	478	625	741	280	799
May-15	839	646	798	469	616	735	279	801
Jun-15	811	662	777	472	602	730	275	813
Jul-15	816	675	780	478	609	750	271	817

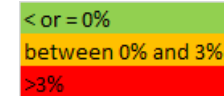


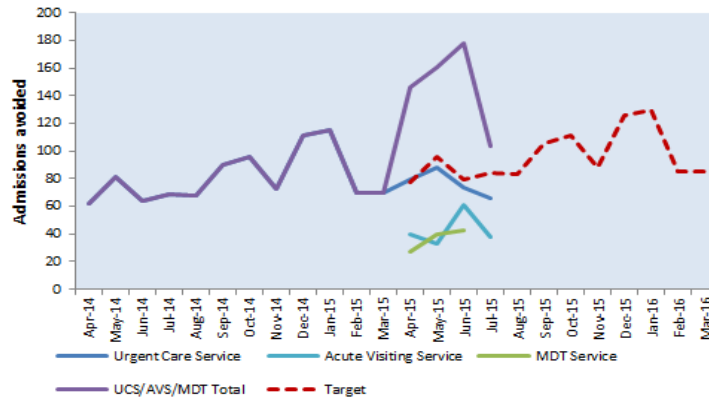
Table 2

Source: Fast Track

Table 2 – Shows the rolling average of Non Elective admissions by CDG per 100,000 population of list size, based on rolling 6 month periods. Formatting is based on the % change in the previous slide.

Admission Reduction Programmes – CityCare QIPP

Service trends and target



Source: CityCare Monthly Performance Report

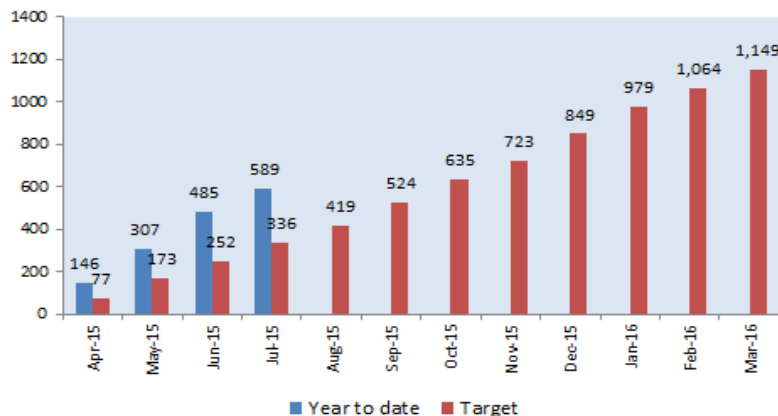
Chart 1

3 Services are now in place within the Nottingham CityCare contract to deliver QIPP savings as reductions in hospital admissions.

The Urgent Care Service has been operating for a year, the QIPP target for 2015-16 is based on achieving the 2014/15 performance plus 5 extra admission reductions a month.

The Acute Visiting Service and the Multi Disciplinary Team services have only been in place since April 2015. The targets for these services are 5 admissions reductions for each service per month.

Cumulative Year to Date performance against target



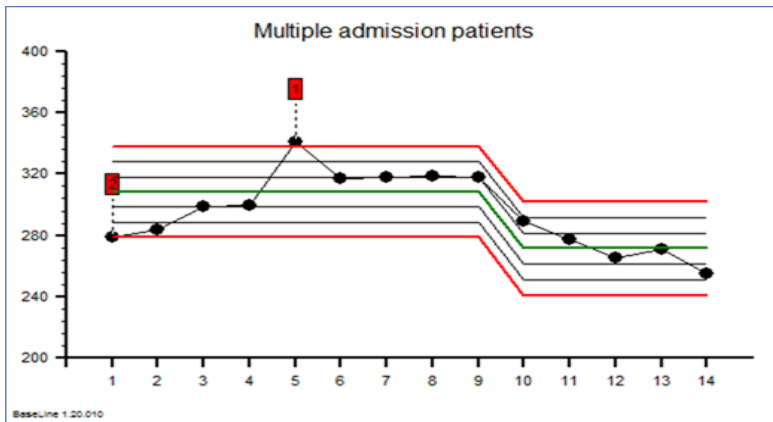
Source: CityCare Monthly Performance Report

Chart 2

Overall, for the combined 3 services, the reductions in admissions are on target, this is partly due to the AVS and MDT services not having a baseline and delivering over and above the 5 admission reductions per month. The Urgent Care Service is not delivering it's individual target at present. In time a more robust baseline will be established and it is possible that the target will become more difficult to achieve.

Emergency Multiple Admissions to NUH - SUS

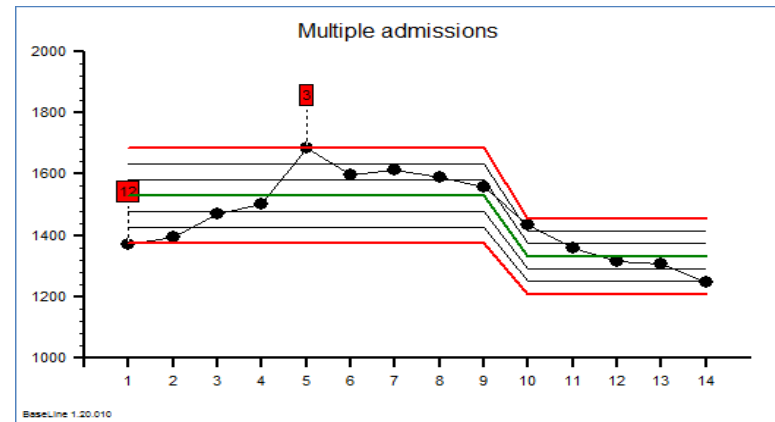
Emergency Multiple-Admissions to NUH patient count



Source: SUS

Chart 1

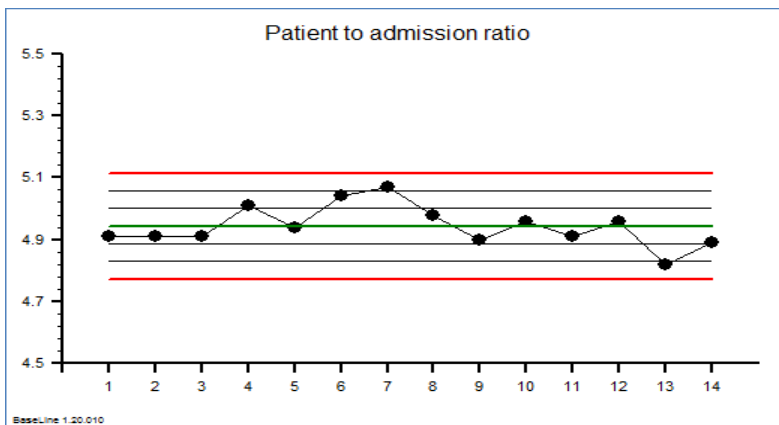
Emergency Multiple-Admissions to NUH admissions count



Source: SUS

Chart 2

Emergency Multiple-Admissions to NUH patient to admission ratio



Source: SUS

Chart 3

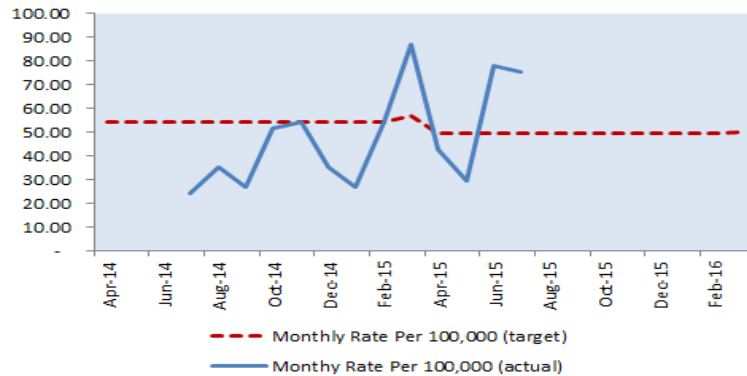
Chart 1 – shows a reduction in the number of distinct patients who have had multiple emergency admissions (4 or greater in a 6 month period) at NUH by month.

Chart 2 – shows the reduction in the activity relating to the multiple admissions patients by month.

Chart 3 – shows the ratio of admissions to distinct patients by month, a slight fall but within the limits of normal variation.

Residential Admissions

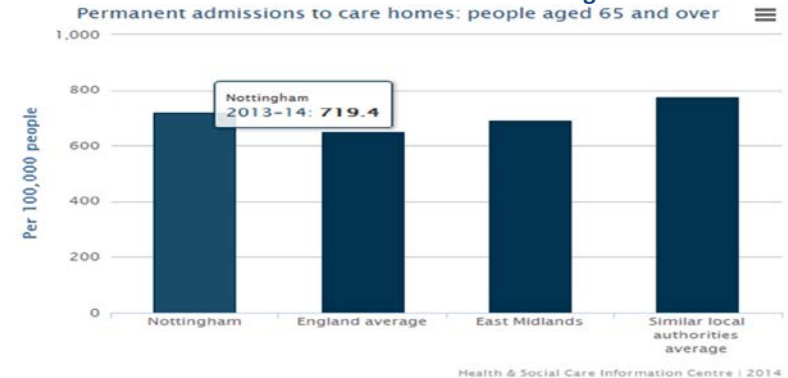
Permanent Admissions to Care Homes – aged 65+



Source: Local Authority Reporting

Chart 1

Permanent Admissions to Care Homes – aged 65+



Ranked 102 of 151

Source: HSCIC Adult & Social Care Outcomes

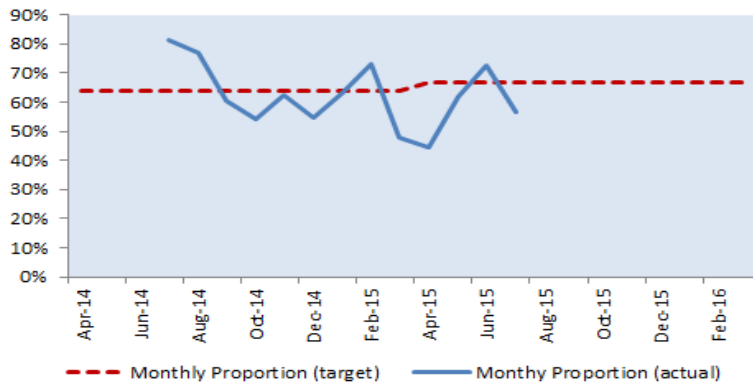
Chart 2

Chart 1 – After good performance in the first 2 months of the year, June and July have seen residential admissions above the target. This is a similar pattern to that seen with Hospital Emergency Admissions.

Chart 2 – shows final data for Nottingham City in 2013/14 with a ranking of 102 of 151. The ranking in 2012/13 was 150 of 150. From HSCIC

Reablement

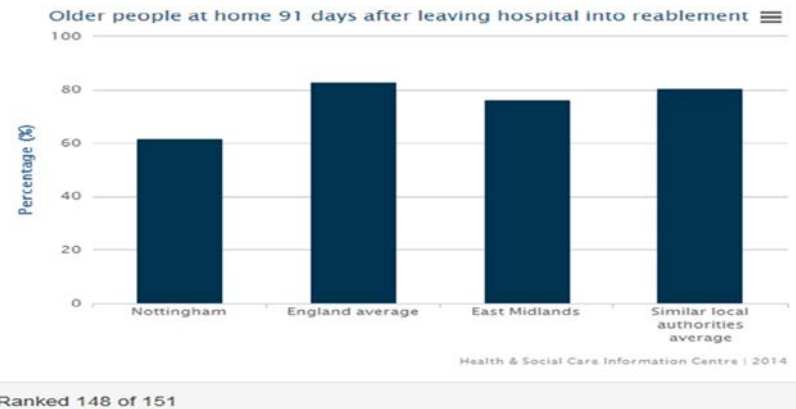
Older people at home 91 days after leaving hospital into reablement



Source: Local Authority Reporting & City Care Reports

Chart 1

Older people at home 91 days after leaving hospital into reablement



Source: HSCIC Adult & Social Care Outcomes

Chart 2

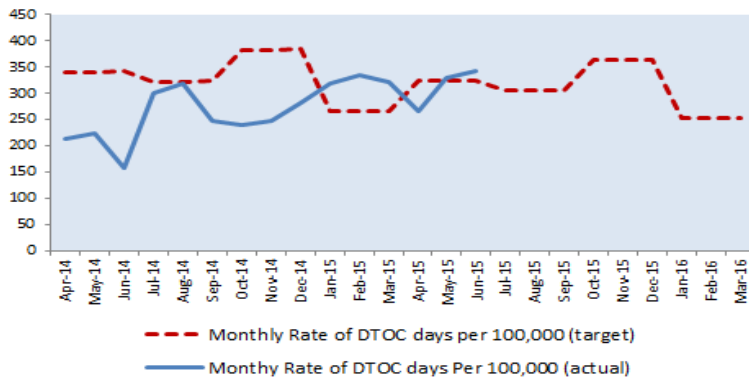
Chart 1 - Shows monthly trend of reablement metric, proportion of actual number of older people at home after 91 days against discharge for the identified population. This is based on combined figures from the Local Authority and City Care. The City Care figures are currently based on both step-up and step-down services. They are working to split this to be able to just show the step-down service as the metric should just related to those patients discharged from Hospital. City Care attempt to contact all users of the reablement service 91 days after discharge, those users who are not contactable are excluded from the denominator. July 2015 performance is below target.

Chart 2 - shows final data for Nottingham City in 2013/14, with a ranking of 148 of 151. The ranking in 2012/13 was 150 of 150.

From HSCIC

Delayed Transfers of Care (DTC)

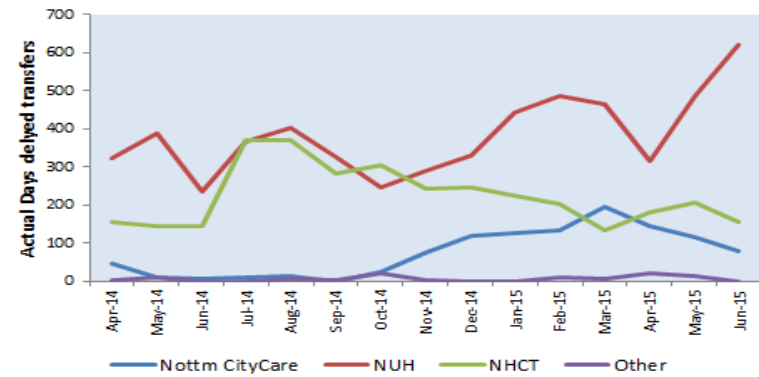
Delayed transfers of Care (Days) for Nottingham UA by 100,000 pop



Source: DTCO National Reports

Chart 1

Delayed transfers of Care (Days) by local provider



Source: DTCO National Reports

Chart 2

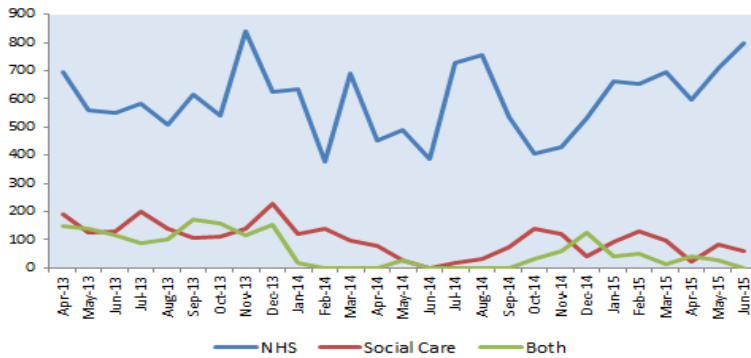
Chart 1 - Delayed Transfers of Care for Nottingham Unitary Authority based on the National DTCO reports, by 100,000 population aged 18 years and over. Year to date position is on target but due to the low numbers in April but May was very close to target and June was above target.

Chart 2 - Trend in Delayed Transfers of Care by local providers for Nottingham Unitary Authority. Levels at NUH fell in April 2015 but May was back to a more normal level, Jun was the highest level seen within the monitoring period. DTCO levels at NHCT and CityCare remain similar to the previous months.

Nottingham City Care have changed there reporting methodology from October 2014 which is likely to be behind the increase seen in chart 2

Delayed Transfers of Care

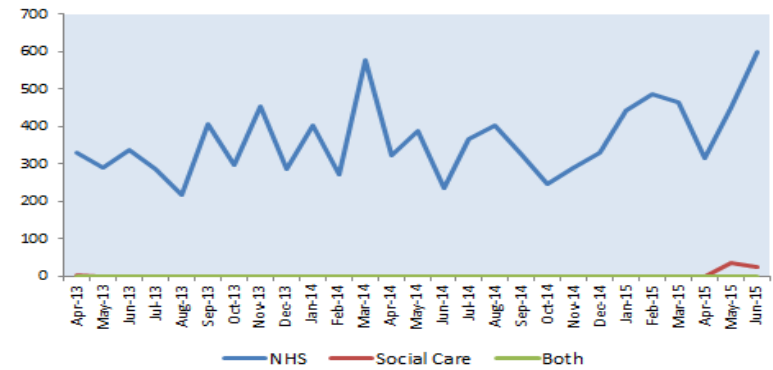
Trend of Delayed Transfers of Care All Providers



Source: Monthly DTOC reports NHSE

Chart 1

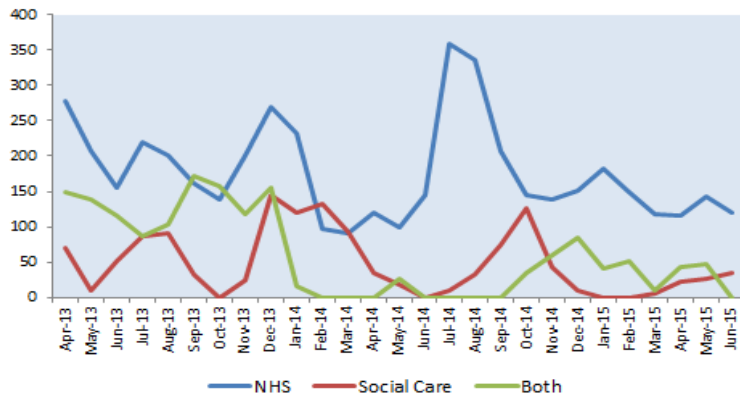
Trend of Delayed Transfers of Care NUH



Source: Monthly DTOC reports NHSE

Chart 2

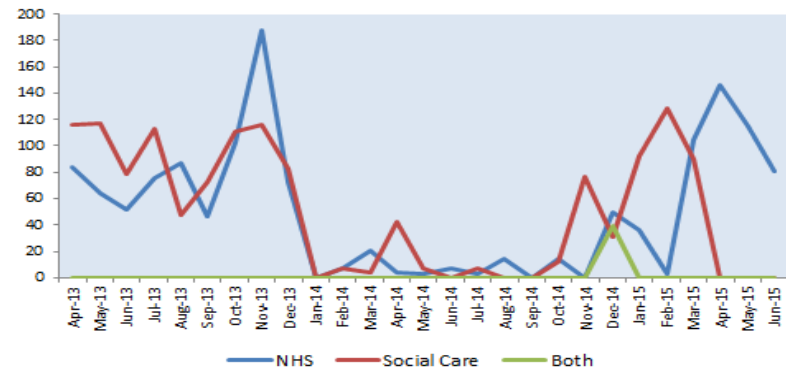
Trend of Delayed Transfers of Care Notts Healthcare Trust



Source: Monthly DTOC reports NHSE

Chart 3

Trend of Delayed Transfers of Care Nottingham City Care

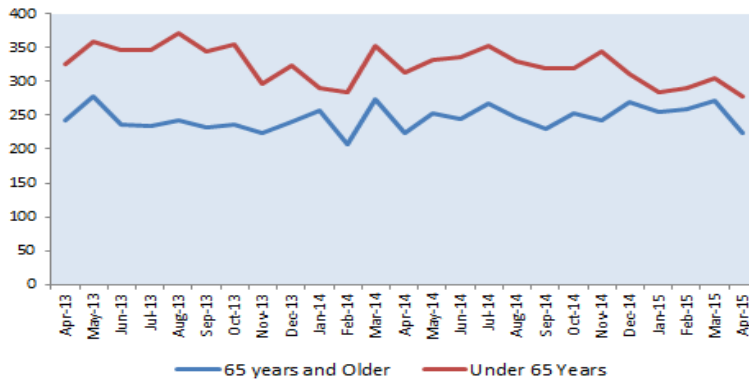


Source: Monthly DTOC reports NHSE

Chart 4

Emergency Readmissions at NUH

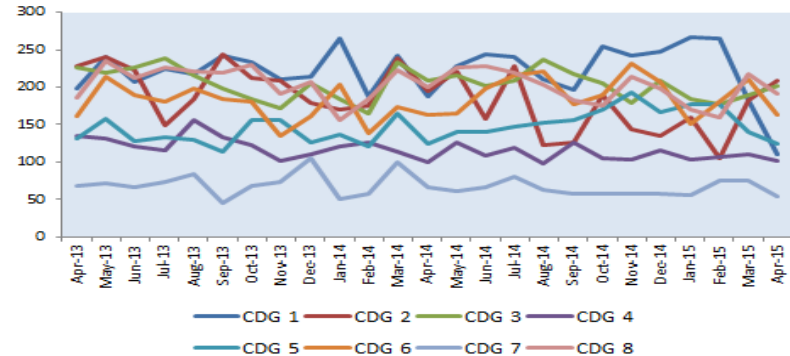
Emergency Readmissions at NUH



Source: Medway PAS

Chart 1

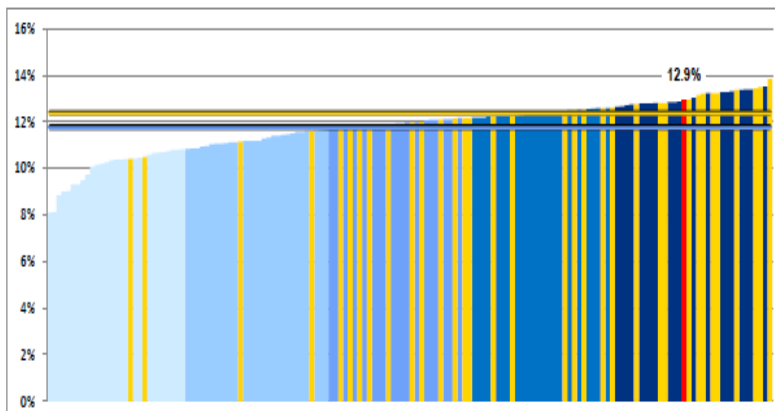
Emergency Readmissions at NUH by 100,000 pop of CDG



Source: Medway PAS

Chart 2

Emergency Readmissions Benchmark – Nottingham LA



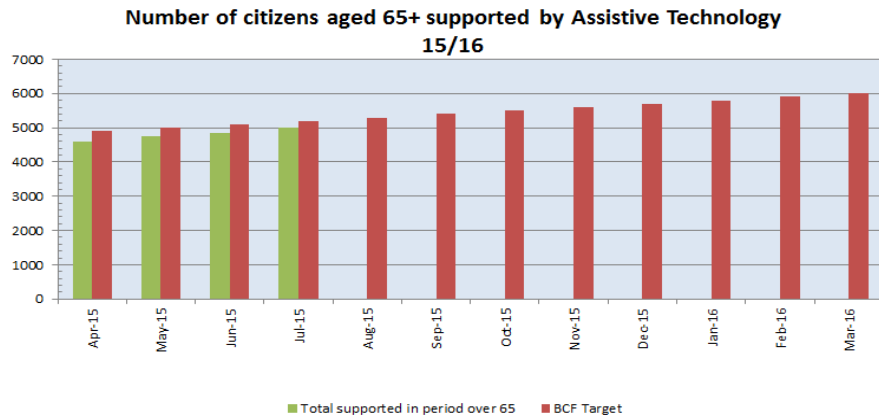
Source: NHS England LA Outcomes

Chart 3

Data in charts 1 and 2 is from an initial dataset supplied by NUH which is subject to further quality checks. It only relates to patients where the original admission was at NUH, i.e. it would exclude a patient seen at the Treatment Centre in the first instance who was subsequently admitted to NUH for further treatment in an emergency.

In chart 3 Nottingham LA is the red bar, the peer group is shown within the yellow bars for 2010/11.

Uptake of Assistive Technology



Source: AT project statistics

Chart 1

Chart 1 Shows the number of citizens aged 65 and older supported by Assistive Technology during each month in 2015/16 against the BCF target.

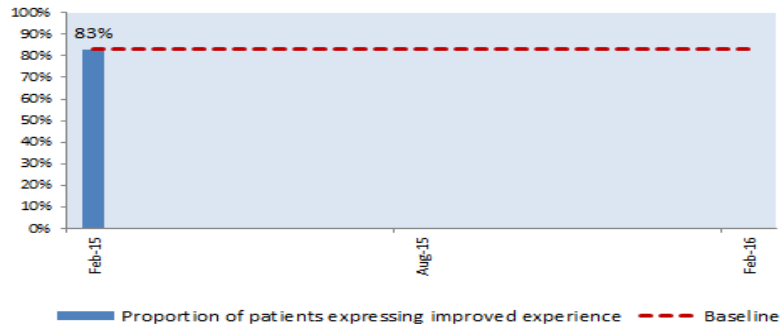
The 3.8% gap between target and actual performance in 2015/16 to date is thought to be partly due to some seasonal change in AT referral patterns, with the summer months seeing referrals drop off a little because of holidays.

Over the last 3 months there has also been an acceptance that suitability of patients is key to resolving problems in the monitoring process. Re-educating clinicians on how they approach Telehealth monitoring has led them to review the patients currently using the service and has led to some patients being discharged, where the service is not seen as beneficial. Uptake is now beginning to increase again.

Over the coming months there are 2 Telehealth related projects that will have a positive effect on the figures. Four Care Homes will monitor their patients on a virtual ward round to gather vital signs. Primary Care is being encouraged to use "Flo" text messaging as a medication reminder or memory tool.

Patient / Service User Experience Metric

Proportion of citizens with Long Term Conditions reporting Improved Experience



Source: 6 monthly Patient Survey

Chart 1

Commentary

The patient survey shows 83% of those citizens with long term conditions taking part in the survey reported an improved experience. This will form the metric baseline and will be updated on a 6 monthly basis.

The survey that has resulted in this baseline has covered a period of time when initiatives were already in place and as such it is expected that this baseline already picks up some level of improvement in patient experience.

The next survey results are not expected until late August 2015.