ITEM 8(c)

NHS

Milton Keynes Clinical Commissioning Group

Better Care Fund Performance Report October 2015

Together for the health of MK

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1 Better Care Fund

The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF is one of the most ambitious ever programmes across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.

The BCF is a critical part of the NHS 2 year operational plans and the 5 year strategic plans as well as local government planning.

The BCF introduced 6 metrics against which improvement would be measured.

1.1 NON-ELECTIVE ADMISSIONS (GENERAL & ACUTE)

Definition: CCG operational plan figures are based on the CCG registered population and the mapping used directly maps between this population and the associated Health and Wellbeing Board (HWB) resident population. Because the CCG registered population will not fall within clear geographical boundaries then this means that in some cases the HWB resident activity is mapped from a large number of CCG plans.

The performance-related funding will be made on the basis of performance over the final quarter of 2014/15 and the first three quarters of 2015/16, against the trajectory as set out in the plans. HWBs are therefore required to set an annual target (from Q4 2014/15 until end of Q3 2015/16), with quarterly milestones, in the finance and activity plan template.

	2013/14				2014/15					2015/16			
Indicator	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**	**Q1**	**Q2**	**Q3**	**Q4**
Planned FFCE				6,607	7,244	7,104	7,121	6,375	27,844	6,990	6,855	6,871	6,151
Planned rate per 100K				2,546	2,792	2,738	2,745	2,423		2,657	2,606	2,612	2,306
Bedfordshire CCG	136	134	137	135	141	139	155	150	585	155	156		
Milton Keynes CCG	7,026	6,957	7,088	6,385	6,442	5,890	6,109	5,988	24,430	6,503	6,520		
Nene CCG	79	81	88	88	92	90	98	93	373	95	96		
Actual Non-Elective FFCEs	7,242	7,172	7,313	6,607	6,675	6,119	6,362	6,231	25,387	6,753	6,772		
Variance against plan				0.0%	-7.9%	-13.9%	-10.7%	-2.3%	8.8%	-3.4%	-4.80%		

Comments: The plans shows for Q2 2014/15 to Q4 2015/16 are based on Bedfordshire, Milton Keynes and Nene CCGs annual planning submissions. Quarter 2 2015.16 Milton Keynes HWB is attributed 2.3% of Bedfordshire non-elective admissions, 96.3% of Milton Keynes, and 1.4% of Nene.

The CCG has identified that although the numbers of non-elective admissions are reducing in line with the Plan, there has not been a corresponding financial reduction. This has been raised internally with the CCG Contracts team and externally with the providers. An action plan has been drawn up and is being finalised to be shared with providers addressing issues within this particular area. The outcome of this plan will shared at the next Joint Commissioning Board meeting, by which point the action plan would have been agreed with our providers.

1.2 RESIDENTIAL ADMISSIONS

Definition: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population. Number of council-supported permanent admissions of older people to residential and nursing care divided by the size of the older people population in the area multiplied by 100,000 (aged 65 and over).

Indicator	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16 Sep
Planned Rate					**699.6**	**595**
Permanent admissions	255	240	230	200	193	99
Population aged 65+	27,455	27,895	29,490	30,875	30,877	32,285
Annual Rate	936.0	867.5	779.9	641.3	625.1	613.3
National Ranking	**136**	**116**	**105**	**71**		
National average	*686.6*	*694.2*	*697.2*	*650.6*		

Comments: Local data for 2015/16 (April – Sept) shows that there were 99 permanent admissions to residential homes in Milton Keynes. This equates to a rate of 613.3 which is worked out by applying the 6 months data over the year.

Every admission is looked at individually to discuss monthly to monitor the progress against the target.

1.2 REABLEMENT

Definition: The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services.

Indicator	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16 Q2
Planned Rate	**-**	**-**	**-**	**-**	**93.3%**	**85%**
At home 3 months after discharge	65	60	215	80	57	73
Offered rehab after discharge	75	70	235	80	59	226
Discharged from hospital	4,085	4,210	4,300	4,640	4,641	4,647
Offered rehab %	1.8%	1.7%	5.5%	1.7%	1.3%	4.86%
Still at home 3 months later %	84.2%	84.1%	91.5%	97.5%	96.6%	76.9%
National average	**82.0%**	**82.7%**	**81.4%**	**82.5%**		

Comments: In Q2 2015-16, 76.9% of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home were still at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital.

Quarterly data is only for internal monitoring.
Published data (denominator) is collected for the period 1st October to 31st December each year. Numerator data is collected between 1st January and 31st March of the relevant year for all cases in the denominator.

Please note: HES 2014 data is the latest data available to use. 2015 data will be published next year and that will affect 2015-16 performance.

In the past there were few issues as below, which resulted MK to be outlier with outstanding performance:

- late data recording
- not all the required services were included in data reporting due to lack of understanding
- Service users who had passed away were having their NI125 cancelled rather than completed.

This has been rectified since beginning of 2015-16.

The services which are covered under this indicator from 2015/16 are:

- Reablement at Home Team (RaHT)

- Rapid Assessment Intervention Team (RAIT)
- Orchard House
- Windsor Intermediate Care Unit (WICU)
- Early Stroke Rehabilitation Team (ER)
- Water Hall is not included because it is purely funded by CCG.

1.3 DELAYED TRANSFERS OF CARE

A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

- A clinical decision has been made that the patient is ready for transfer and;
- A multi-disciplinary team decision has been made that the patient is ready for transfer and;
- The patient is safe to discharge/transfer.

The table below shows the number of reported delayed days split by provider.

Indicator	2014/15					2015/16				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
Planned Quarterly Rate	704	1,167	765	862	866	704	1,085	765	862	857
Planned no. of days delayed	1,369	2,268	1,487	1,697	6,821	1,386	2,137	1,506	1,719	6,748
Population aged 18+	194,336	194,336	194,336	196,885	196,885	196,885	196,885	196,885	199,457	196,885
Buckinghamshire NHS Trust			8		8					-
Central North West London FT	113	274	254	221	862	382	687			1,069
Luton & Dunstable NHS Trust		11		14	25					-
Milton Keynes FT	1,244	1,971	2,493	2,200	7,908	2887	2,726			5,613
Oxford University NHS Trust		12	13	13	38		43			43
Other Providers	12		8		20					-
Total No. Of days Delayed	1,369	2,268	2,776	2,448	8861	3,269	3,456	-	-	6725
Quarterly Rates	704	1167	1428	1243	1125	1660	1755			3416

Comments: In 2014/15, there were 8,861 delayed days from hospital, which equates to a rate of 1,125 per 100,000 population. The Better Care Fund planned for a rate of 868 or less in 2015/16 compared with 2014/15.

In 2015/16 Q2, there were 2,726 delayed days from hospital (DTOC's for Milton Keynes FT) against the monthly planned rate of 1,085. Which equates to a quarterly rate of 1,755 per 100,000 population. The data clearly shows an excessive increase in the number of delayed days from hospital against 2014/15 and the planned rate for 2015/16. The YTD total Q2 stands at 6,725 as at the end of Q2 2015/16.

1.4 PATIENT/SERVICE USER EXPERIENCE METRIC

CCGs in partnership with Health & Well Being Boards were asked to select a local or national metric relating to improving patient experience.

The following metric, from the GP Patient Survey, was selected: Does your GP, nurse or other health professional review your written care plan with you regularly? Performance is based on the percentage of respondents answering 'yes' to this question.

Indicator	Jan13-Sep13	Jul13-Mar14	BCF Baseline	Jan14-Sep14	Jul14-Mar15	Jan15-Sep15
BCF Planned Rate	-	-	Jan13-Mar14	-	60.0%	62.5%
Yes	25	59	84	69		
No	15	21	36	18		
Don't know	10	16	26	10		
Total responses	50	96	146	97		
Yes %	50.0%	61.5%	57.5%	71.1%		
National average	61.3%	60.8%		60.5%		

Comments: The Better Care Fund baseline was based on the survey results between January 2013 and March 2014 (the latest information available at the time of submission). Recently published data for January to September 2014 shows that 71.1% of respondents said that their GP, nurse or other health professional reviews their written care plan with them regularly. This is above (better than) the planned rate required for achieving this metric and outperforms the national average.

For context, the following table compares performance across the Central Midlands Sub-Region for the period January to September 2014:

Organisation	Is your care plan reviewed with you regularly?					
	Resp's	Yes	No	Don't know	Yes %	CCG Rank
Bedfordshire CCG	155	106	40	9	68.7%	30
Corby CCG	27	14	9	4	51.6%	179
East and North Hertfordshire	197	128	45	24	65.2%	52
East Leicestershire & Rutland CC	168	88	54	27	52.2%	176
Herts Valleys CCG	242	147	66	28	60.7%	98
Leicester City CCG	185	115	46	24	62.3%	81
Lincolnshire East CCG	101	63	27	11	62.3%	83
Lincolnshire West CCG	91	54	26	11	59.4%	116
Luton CCG	131	84	33	14	63.9%	62
Milton Keynes CCG	97	69	18	10	71.4%	21
Nene CCG	266	172	54	39	64.8%	59
South Lincolnshire CCG	47	31	7	9	66.1%	44
South West Lincolnshire CCG	57	36	14	7	62.8%	80
West Leicestershire CCG	126	80	31	15	63.6%	66
Central Midlands Sub-Region	1,890	1,188	470	232	62.5%	-
Nationl Average	25,335	15,334	6,805	3,196	60.5%	-

Comments: Based on the latest survey results, Milton Keynes are ranked 21st best out of 211 CCGs.

1.5 LOCAL METRIC

Definition: The number of new people supported by both community alarm and additional sensors over the baseline of previous years new connections for both services.

Indicator	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16 Q2
Planned Rate	-	-	-	-	1.44	1.72
People supported by CA and additional sensors				174	277	118
Previous year				150	174	277
New telehealth users %				1.16	1.59	0.43

Comments: Data for Q2 2015/16 shows that 118 new people were supported by Telecare. This is set against the denominator of 277 new connections seen in 2014/15 giving a rate of 0.22

Please note this is bound to increase at the end of the year and quarterly reporting is just for monitoring. However **planned target seems to be very high. The achievable target will be around 1.04 considering that we aim to have 288 new telehealth users at the end of the year.**