Better Care Fund

Metrics

Introduction

The purpose of this report is to provide an analysis of the potential performance metrics that could support the delivery of the better care fund. The report will consider the following factors:-

- Lead for the metric (eg PCC, CCG, Joint)
- Current baseline (suggestions for best period to use)
- Recent trends
- Benchmarked performance (including comparisons to others, England average, top quartile etc)
- Alignment between metrics and current initiatives/ schemes
- Any recording/ data quality issues
- Scope for improvement including any recommended targets
- Local monitoring arrangements

The report will also consider any local metrics that could fit within the scope of the BCF and the approach that is being adopted locally.
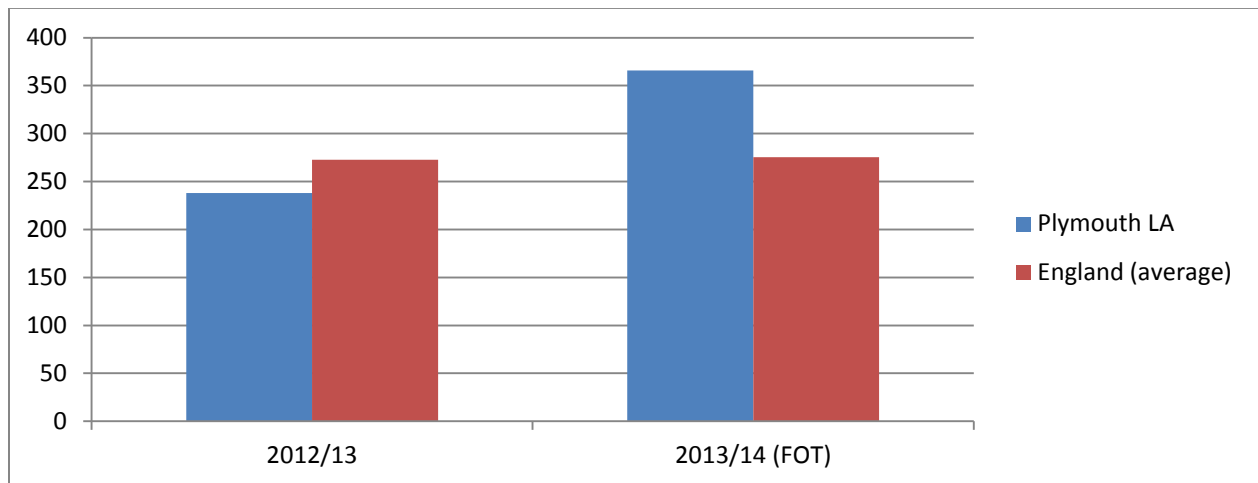
National metrics

Delayed transfers of care from hospital per 100,000 population

Lead

Joint between PCC and CCG

Current position

	2012/13	2013/14 (FOT)
Plymouth LA	238.0	365.7
England (average)	272.6	275.3

Note: This target is different from the measure in the outcomes framework and is the average monthly number of days delayed per 100,000 population aged 18+

The forecast outturn for 2013/14 is showing a significant increase in performance compared to the 2012/13 position should be used to provide the baseline performance against which an improvement can be set.

Alignment between metrics and current initiatives

The following BCF initiatives are expected/ could have an impact on this metric:-
- Support for community equipment service
- ICE team
- Reablement

The following CCG commissioning intentions are expected/ could have an impact on this metric:-
- Non elective care

Any recording/ data quality issues

There are concerns that there are data quality issues that could be resulting in under reporting of the current performance. This was a particular concern in the 2012/13 year which may explain its relatively low performance. There are concerns that not all MH related delays are being recorded which could increase the number of non-acute delays.

Suggested baseline

2013/14 data for the period April to November is the latest information that is available. As there are possible recording issues it would be prudent to use the 2013/14 FOT as opposed to 2012/13 which could be artificially low.

Scope for improvement including any recommended targets

A target has been proposed that means that the monthly number of days delayed will improve from 365.7 per 100,000 population in 2013/14 (FOT) to 355.1 (Apr – Dec 2014) and a further improvement to 352.8 (Jan – Jun 15). This target is based upon achieving a statistically significant improvement from the 2013/14 baseline. It is considered that this level of improvement is achievable.

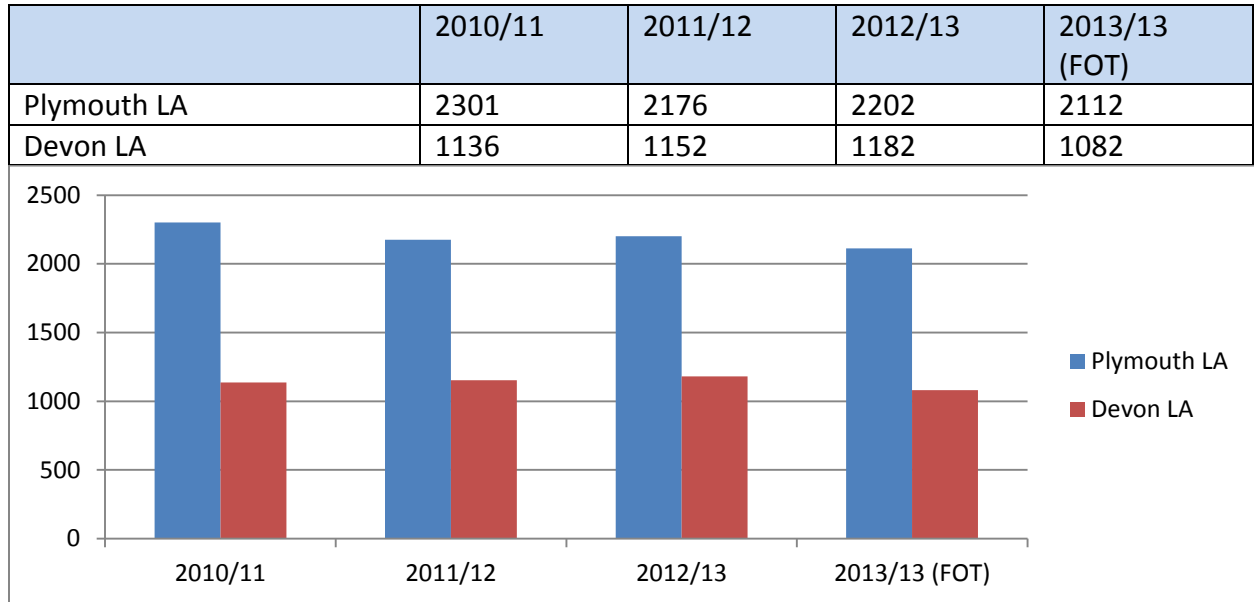| Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Delayed transfers of care from hospital per 100,000 population (average per month)	Metric Value	365.7	355.1	352.8
	Numerator	6129	6740	4491
	Denominator	209484	210902	212141
		(April - November 2013)	(April - December 2014)	(January - June 2015)

Note: The population figures used in the denominator have been based upon the ONS population projections

Avoidable emergency admissions (composite measure)

Lead

CCG

Current position

	2010/11	2011/12	2012/13	2013/13 (FOT)
Plymouth LA	2301	2176	2202	2112
Devon LA	1136	1152	1182	1082

This indicator is the same composite indicator used in the quality premium
•   unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)
•   unplanned hospitalisation for asthma, diabetes and epilepsy in children
•   emergency admissions for acute conditions that should not usually require hospital admission (all ages)
•   emergency admissions for children with lower respiratory tract infection.

CCG wide performance is generally very good for most of the above metrics. The one area that is a concern is the number emergency admissions for children with lower respiratory tract infection.

Metric	CCG performance
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)	Top quintile
Unplanned hospitalisation for asthma, diabetes and epilepsy in children	3rd quintile
Emergency admissions for acute conditions that should not usually require hospital admission (all ages)	Top quintile
Emergency admissions for children with lower respiratory tract infection	4th quintile

Alignment between metrics and current initiatives

The following BCF initiatives are expected/ could have an impact on this metric:-
- ICE team
- Reablement – ie to reduce readmissions

The following CCG commissioning intentions are expected/ could have an impact on this metric:-
- Non elective care
- Ambulance conveyance
- House of care
- Diabetes

There are a number of schemes that are generally aligned to this group of measures but they tend to reflect those measures that are already performing well. This could impact on the potential scope for improvement.

Any recording/ data quality issues

Query been raised with the H&SC Information Centre around the reporting of emergency admissions for ACS conditions from PHNT as the national data is not consistent with local evidence. It is known that national data significantly under-reports PHNT activity. Following resolution of this query it may be necessary to recalculate this indicator.

Suggested baseline

2012/13

Scope for improvement including any recommended targets

Confirmation is required with regard to the data quality query that has been raised with the H&SC Information Centre before any targets can be formally agreed. However, as a general principle it is proposed that there should be no growth in emergency admissions even against a backdrop if increasing demand (ie aging population).
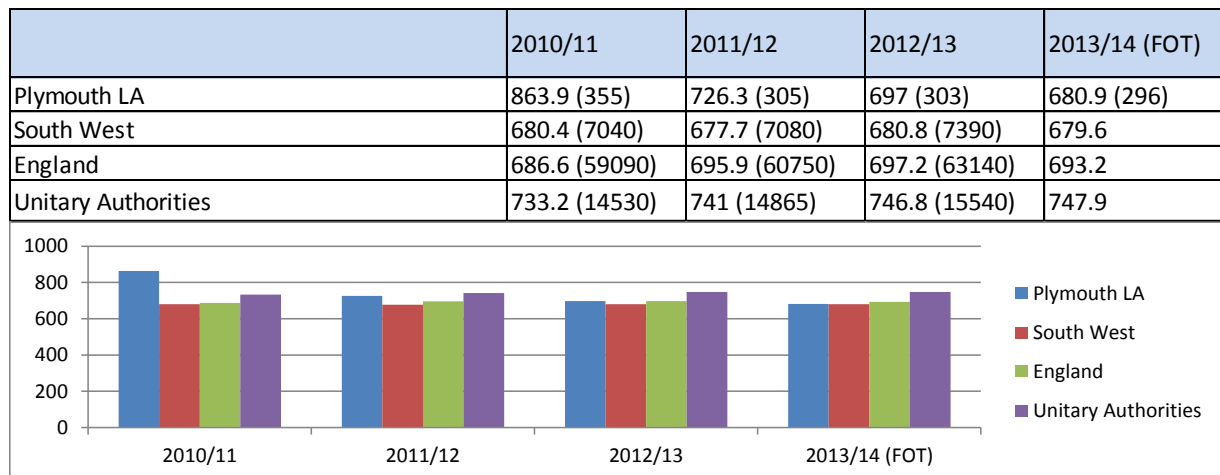
Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Avoidable emergency admissions (composite measure)	*Metric Value*	2202	2202	2202
	Numerator	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A
		(TBC)	(April - September 2014)	(October 2014 - March 2015)

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000

Lead

PCC

Current position

	2010/11	2011/12	2012/13	2013/14 (FOT)
Plymouth LA	863.9 (355)	726.3 (305)	697 (303)	680.9 (296)
South West	680.4 (7040)	677.7 (7080)	680.8 (7390)	679.6
England	686.6 (59090)	695.9 (60750)	697.2 (63140)	693.2
Unitary Authorities	733.2 (14530)	741 (14865)	746.8 (15540)	747.9

The forecast out-turn for 2013/14 is for further reductions in the rate of long term admissions for older people. This is based on a sharp drop in admissions in quarter 3 and with admissions in quarter 4 expected to be similar to quarters 1 and 2. The forecast out-turns for SW; England and Unitary authorities are based solely on the average over the previous 3 years as no in year data for these groups is available. If these forecasts prove correct this would see Plymouth's rate per 100,000 drop remain below England and Unitary averages.

Our 2012/13 return (697/100,000) places us 72nd of 152 LA's for this measure and within the 2nd quartile, although our performance is predicted to improve in 2013/14. When compared to other unitary authorities we have the 19th lowest rate per 100,000 population (of 56 UA's).

Alignment between metrics and current initiatives

- ICE team
- Reablement

Other ASC initiative aimed at reducing long term admissions to residential and care homes include;

- Choice and Control as mainstream

Any recording/ data quality issues

Implementation of new SALT returns may encounter teething problems; suggest continued use of current automated ASC-CAR report for the medium term.

Suggested baseline

2012/13

Scope for improvement including any recommended targets

The rate of long term admissions to residential and care homes has dropped for the past three years. Efforts continue to be made to reduce the number of permanent admissions; however given other social factors a large reduction in admissions is unlikely. A 2% reduction in 2014/15 from the 2013/14 out-turn (yet to be determined) should be considered as a target. Should the 2013/14 out-turn be considerably lower than predicted this % reduction should be revisited.

| Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*	697		667
	Numerator	305		290
	Denominator	43475	N/A	43475
		(April 2012 - March 2013)		(April 2014 - March 2015)

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

Lead

Joint between PCC and CCG

Current position

	2010/11	2011/12	2012/13
Plymouth LA	90.9	80.3	89.3
Southwest	82.6	80.8	81.1
England (average)	82	82.7	81.4
Unitary Authoities (average)	84.3	84	83
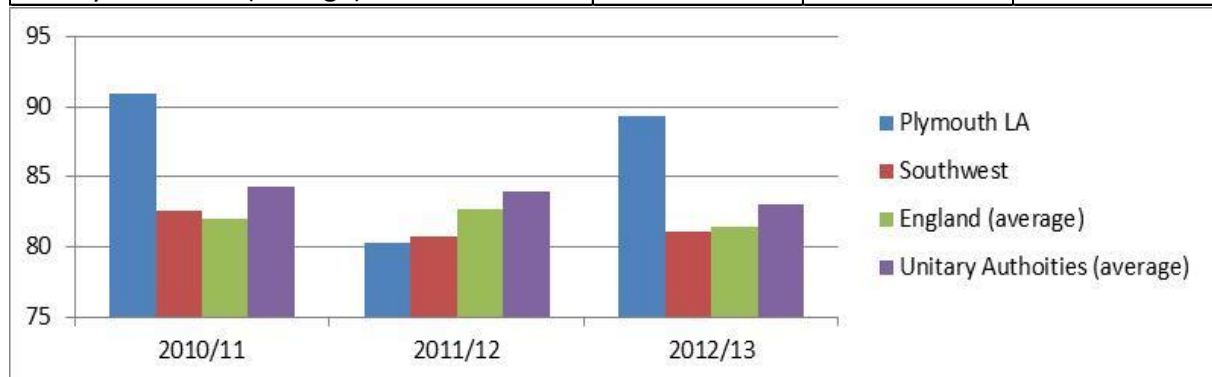
Following difficulties experienced previously in generating returns against this measure it is difficult to forecast a 2013/14 out-turn. Our 2012/13 return showed marked improvement on 2011/12 putting Plymouth ahead of the SW, England and UA averages.

Plymouth benchmarks well having the 12th best outcome in 2012/13 among other Unitary Authorities.

Alignment between metrics and current initiatives

- ICE team
- Reablement

Any recording/ data quality issues

Difficulty in establishing a consistent approach to counting this measure, an established method is required for new ASC annual returns.

Suggested baseline

2012/13

Scope for improvement including any recommended targets

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Metric Value	89.3	N/A	89.96
	Numerator	335		337
	Denominator	375		375
		(April 2012 - March 2013)		(April 2014 - March 2015)

Estimated diagnosis rate for people with dementia

Lead

CCG

Current position

The estimated dementia diagnosis rate for NEW Devon CCG is 43.9% in 2012/13. This is a significant improvement on the previous year but is expected to be lower than the national average (45%). Plymouth has historically had a higher dementia diagnosis rate than the rest of Devon due to improved focus within primary care and Plymouth Community Healthcare.

Further work is being undertaken to ensure that a definitive baseline is established for the Plymouth area.

Alignment between metrics and current initiatives

There is a limited alignment to current BCF schemes as it has a much greater focus around primary care services and Plymouth Community Healthcare. However, it is a key area for improvement across the NEW Devon CCG and there could be scope for greater alignment to the BCF in both the short and longer term.

The relatively low levels of diagnosis mean that a high number of people across the city with dementia remain undiagnosed which the potential knock on effect of not receiving the necessary support they require.

Any recording/ data quality issues

Indicator to be locally calculated based upon those GP practices that are in the Plymouth City boundary. This is equivalent to the methodology that would have been used for Plymouth PCT.

Numerator: The number of people on the QOF dementia register
Denominator: The estimated number of people with dementia for the given year (this will need to be calculated from the correct methodology)

No significant concerns around data quality.

Suggested baseline

2012/13 is the latest full year for which data is available.

<u>Scope for improvement including any recommended targets</u>

NEW Devon CCG has a current target to improve the dementia diagnosis rate to 49.5% in 2013/14 and a further increase to 54.5% in 2014/15. The target has provisionally been set to the NEW Devon CCG target. Further work is required to separate the performance for the Plymouth area but it is expected to be slightly better than that for the whole of NEW Devon CCG.

Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Estimated diagnosis rate for people with dementia (locally defined for the Plymouth area)	Metric Value	43.9% (estimated)	N/A	54.5% (NEW Devon CCG)
	Numerator	TBC		TBC
	Denominator	TBC		TBC
		(April 2012 - March 2013)	(April - December 2014)	(April 2014 – March 2015)

Emergency bed days for people aged 65+ (locally derived)

Lead

CCG

Current position

	2010/11	2011/12	2012/13	2013/14 (FOT)
Plymouth	91,464	80011	83615	84526
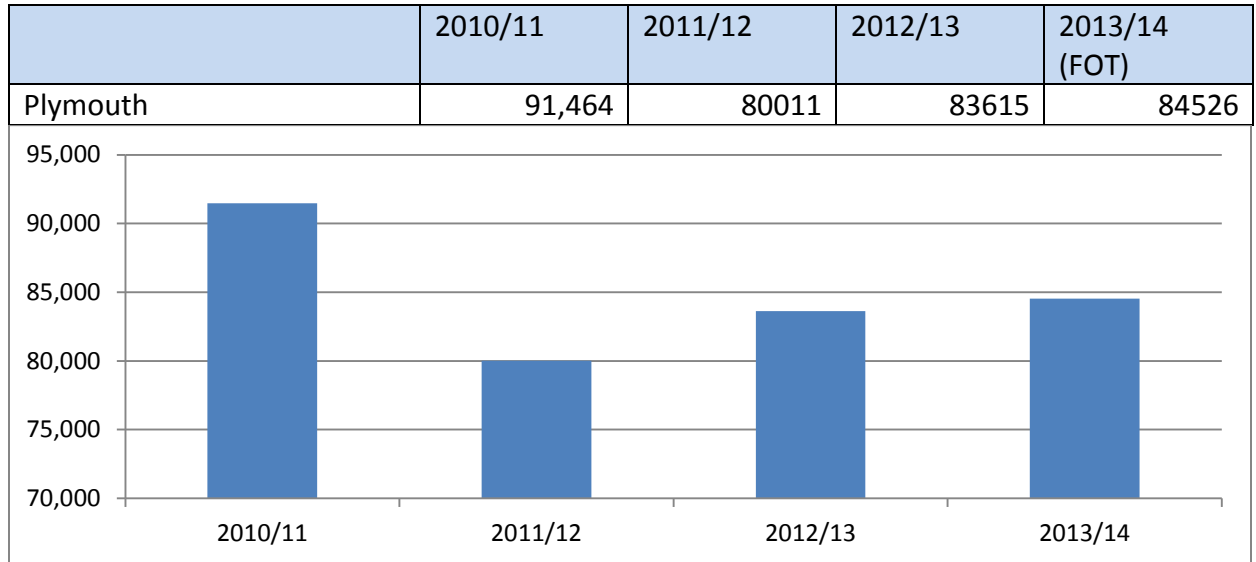
The number of emergency bed days for the over 65s has been increasing steadily for the last couple of years. This is creating a significant financial pressure on Plymouth Hospitals NHS Trust. The number of emergency admissions as well as the average length of stay have both been increasing over the last couple of years.

Whilst it is not possible to benchmark the suggested metric directly it is known that both the number of emergency admissions and the average length of stay are performing well compared to similar areas

Alignment between metrics and current initiatives

There is good alignment between this indicator and the current BCF schemes. This indicator takes into account both the number of emergency admissions as well as the drive to reduce length of stay. This indicator has a wider definition than both the nationally prescribed metrics in the Better Care Fund (ie avoidable emergency admissions and delayed transfers of care).

Any recording/ data quality issues

The suggested local metric is not reported nationally but will be calculated from nationally available SUS data. Data can be reported on a monthly basis and further detailed breakdowns would also be available.

There are no significant data quality issues

Local indicator to be developed to capture the total emergency beds of people aged over 65 who are registered with a GP practice in the Plymouth area.

Suggested baseline

The period from October 2012 to September 2013 should be used as the baseline as there have been further demand pressures seen in recent months.

Scope for improvement including any recommended targets

The number of emergency bed days is performing well compared to other areas but there remains scope for further improvement. However, it is known that an aging population is putting a significant upward pressure on both the number of emergency admissions and the average length of stay. Thus it is recommended that the target is based upon achieving no growth in emergency bed days for the over 65s.

Emergency bed days for the over 65s are strongly linked to winter pressures and the number of bed days does increase during the winter period. The suggested targets covering the periods from April – December 2012 and January – June 2015 have been adjusted to take into account the average levels of demand in the corresponding months.

Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
	Metric Value	84983	62494	43883
	Numerator	N/A	N/A	N/A
	Denominator	N/A	N/A	N/A
		(Oct 2012 - Sept 2013)	(April - December 2014)	(January - June 2015)

Local metrics

The BCF guidance states in addition the five national metrics, local areas should choose one additional indicator that will contribute to the payment-for-performance element of the Fund. In choosing this indicator, it must be possible to establish a baseline of performance in 2014/15.

Metric	Assessment of current performance	Data quality	Alignment to schemes	Other comments	Potential metric for consideration
NHS Outcomes Framework					
Proportion of people feeling supported to manage their (long term) condition	Good performance but improving performance against a backdrop of H&SC funding makes this challenging	N/A – national survey	Relatively good	Survey based metric so statistical significance is important	Difficult to see how a statistically significant improvement could be achieved
Estimated diagnosis rate for people with dementia	Acceptable and improving but performance still below national target thus a lot of people remain undiagnosed	N/A	Limited link to BCF but good link to CCG priorities	Being considered by Devon County Council as a possible local priority	Current links to BCF schemes is not good but there is a clear focus for improvement
Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days	Not yet seen data at Plymouth level – published as NHS total			Potentially small numbers which make statistically significant improvements challenging	Statistical confidence makes this challenging
Emergency bed days for people aged 65+ (locally derived)	Good as both SAR and LOS are the lowest for the regional centres cluster group	Good	Good as trying to reduce both emergency admissions and length of stay	Not reported nationally but can be derived from national data sources	Possible as a key focus for PHNT to ensure financial stability but further improvement may be limited

Metric	Assessment of current performance	Data quality	Alignment to schemes	Other comments	Potential metric for consideration
Adult Social Care Outcomes Framework					
The proportion of people who use services who say that those services have made them feel safe and secure	Based on 2012/13 ASCOF outcomes 81.5% stated that services they have received had made them feel safe and secure. This places Plymouth 67th best in the country and in the 2nd quartile.	N/A Annual client survey	QAIT team ICE team	Outcome should be to improve performance and be top quartile, which based on 12/13 ASCOF would equal 84%	This metric is a safeguarding measure within the ASCOF. Whilst in 2nd quartile there is room for improvement.
Proportion of adults with learning disabilities who live in their own home or with their family	Based on 2012/13 ASCOF outcomes 71.6% of learning disability clients live in their own home or with their family. This places Plymouth 94th best in the country, and within the 3rd quartile.	N/A	Re-ablement	Outcome should be to increase the proportion of known LD clients who live at home or with their families and to be 2nd quartile. Based on 12/13 ASCOF outcomes 2nd quartile would equate to 73.2%	The measure is intended to improve outcomes for adults with learning disabilities by demonstrating the proportion in stable and appropriate accommodation. Current performance would suggest this is worthy for consideration as Plymouth sits in 3rd quartile.

Metric	Assessment of current performance	Data quality	Alignment to schemes	Other comments	Potential metric for consideration
Public Health Outcomes Framework					
Injuries due to falls in people aged 65 and over	The 2011/12 public health outcomes record a rate of 1,747/ 100,000 population. An outcome statistically similar to the England average. 4th highest rate among SW authorities.	Hospital episodes statistics	QAIT ICE team Re-ablement	Public Health guidance on health and social care integration recognises the importance of recognising integration and the impact on customer's health.	A measure where current performance would suggests there is potential for improvement.