Hertfordshire Better Care Fund Q2 2018/2019

Health and Wellbeing Board

December 2018

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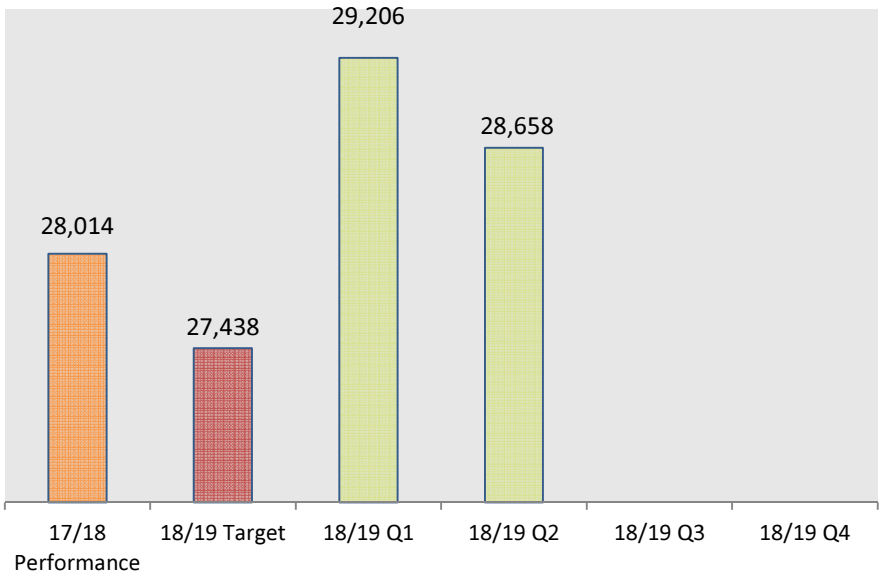
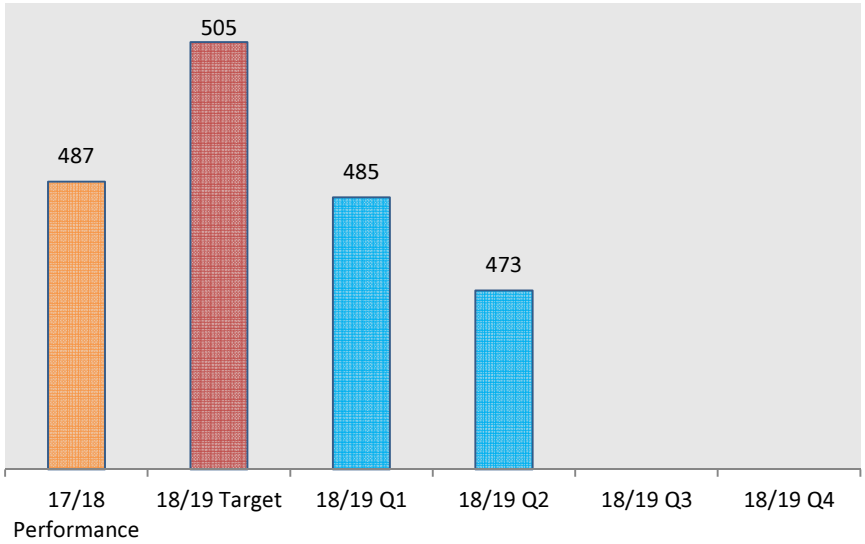
Non-elective admissions



Reduction in non-elective admissions has improved against Q1, dropping to 28,658 admissions from 29,206 admissions. Current performance is within 10% of the 27,784 target (rate per quarter). Both CCGs have multiple QIPP schemes to support this target and ensure Hertfordshire's number of NEAs remain below the national average.

Status: On track to meet target

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



The rate of permanent care home admissions per 100,000 population has decreased in Q2 to 473, down from the Q1 rate of 485. This shows that the number of new placements continues to be carefully managed with consideration given to alternative forms of support prior to approval.

Status: Meets target

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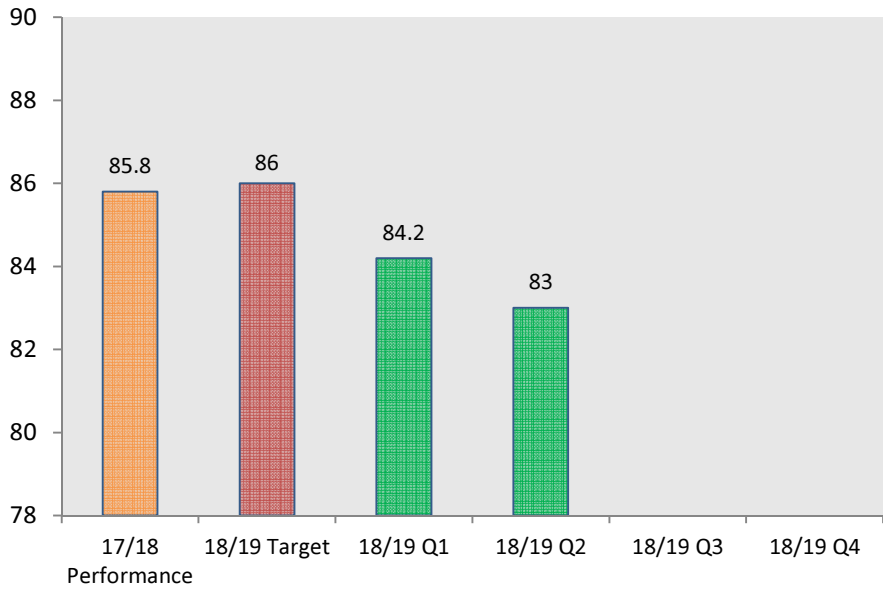
% of Older People (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



Status: On track to meet target

Data shows that 83.0% of clients discharged into reablement services between the months of April to June 2018 remained at home 91 days later. This is near the target of 86% and remains relatively steady in comparison to the last three quarters (83%, 86%, 84%). These low levels of hospital readmissions in comparison to the national average suggest that the enablement support is successfully helping to prevent escalation of patient need.

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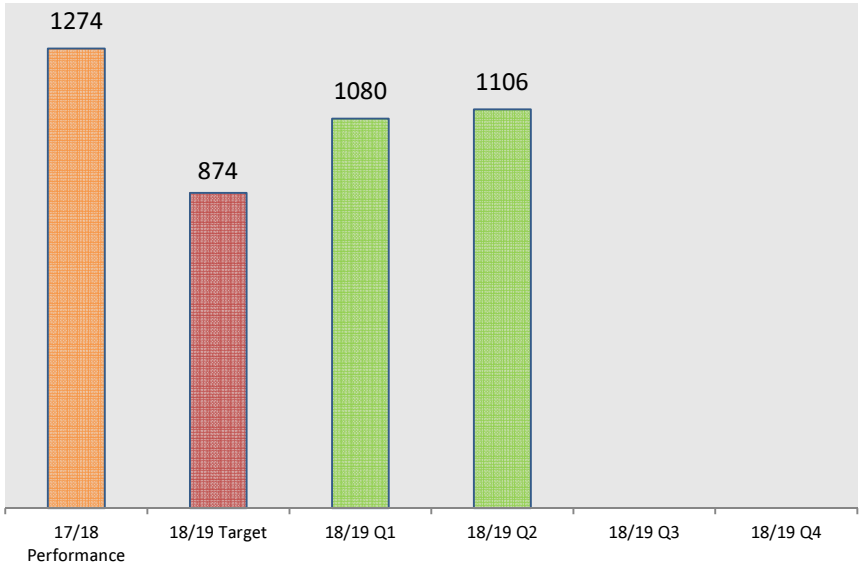
Delayed transfers of care (Days per 100,000 18+ population)



Status: Not meeting target

A key challenge is meeting ambitious delayed transfers of care (DToC) targets set by NHS England. Q2 performance continues to improve, but does not meet the target with performance of 1,106 against a target of 856 (rate per 100,000 population), which equates to 10,083 delayed days against a target of 7,784. This is a significant improvement from Q2 2017/2018, which saw a rate of over 1,600 per 100,000. Delays have been well managed over the last quarter through careful coding, micro-management of workload, continual development of skills using the Choice Policy, and creative care planning.

Integration highlights

Hertfordshire **Integrated Discharge Teams** can now be considered 'Mature' in their implementation, as the teams are fully embedded in the work of the hospital trusts and recognised by all parts of the system.

The **Community Navigator service** has made progress promoting the appropriate use of Primary Care by working with CCG partners on both sides of the county to review non-health referrals with GP practices in order to target level of engagement. This includes some GP surgeries having rolled out Navigation clinics across the county and Navigators are now fully embedded into the GP multi-disciplinary meetings.

A draft version of a **performance framework dashboard** has been designed. This dashboard measures progress against the Integration Framework including metrics and project progress updates from both social care and the acute system. This is currently being piloted using Q2 data; if pilot is successful, this dashboard will likely be used to report BCF performance to the JCPB in the future.

NHS

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