

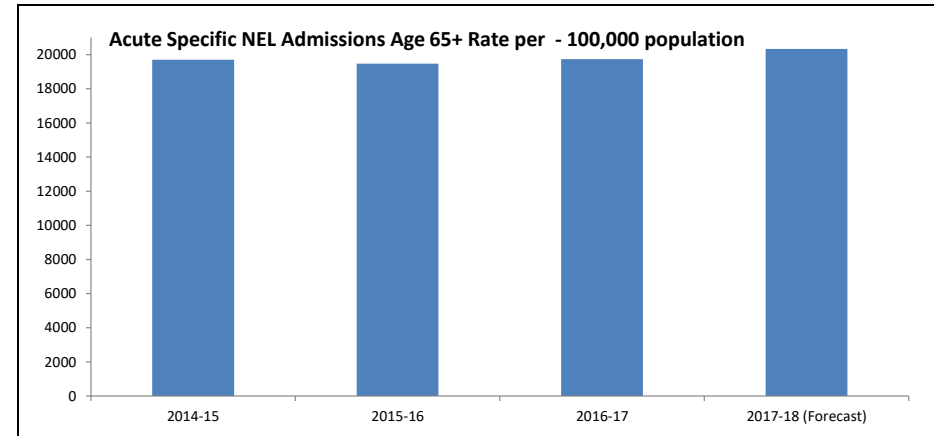
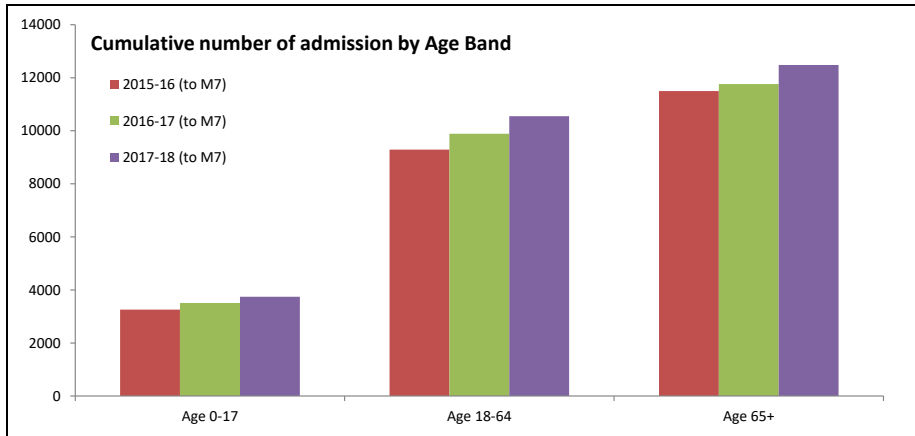
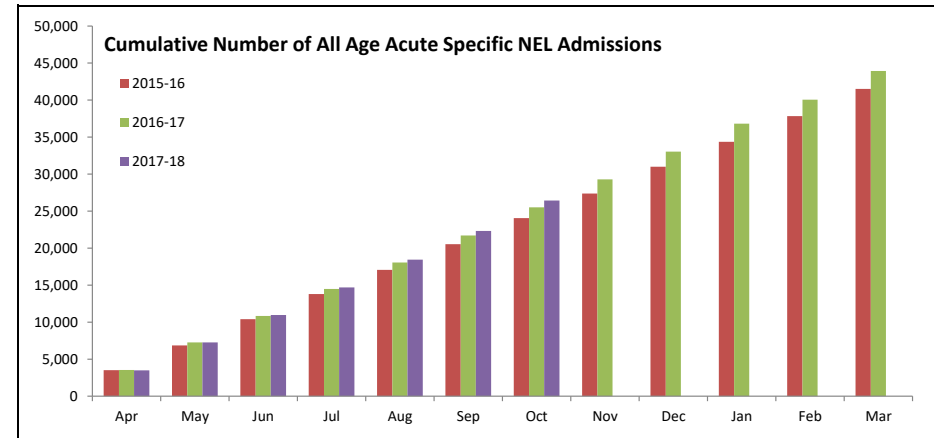
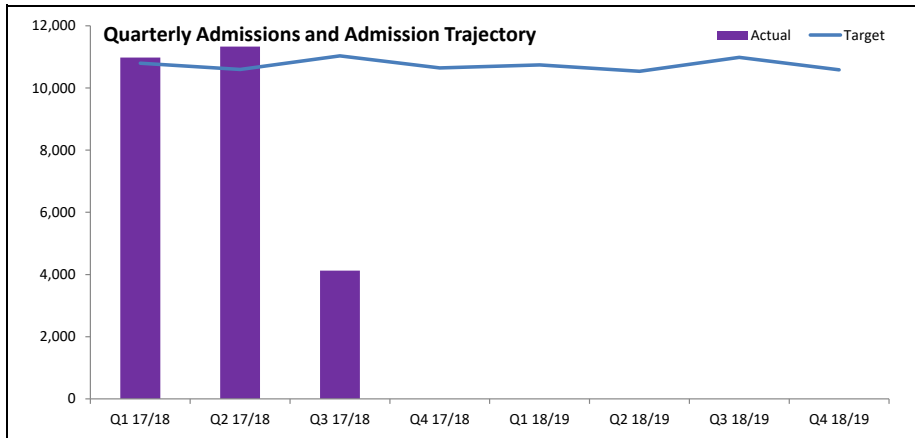
DTOC has continued to report improvement in Q3 as an aggregate with both NHS delays and ASC delays reducing in November. The overall Better Care Fund Programme has seen non-elective admissions increase by 6.5% when compared to last year and Urgent Care at Home has continued to see more referrals. Help to Live at Home has taken forward the person centered model to enable individuals to have care that enables resilience and self care. However looking forward into 2018/19 the new market model for Wiltshire that supports the transformational change of delivering care closer to home or at home will be strengthened by a domiciliary care market development, Home First and the in house reablement service that will provide a platform for performance to be sustained once embeded.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Red	Amber	Green
National Indicators															
Specific Acute Non Elective Admissions	3,373	3,914	3,835	3,813	3,842	3,877	4,126						<3250	3250 or <3750	>3750
Permanent Admissions to Care Homes	300	276	348	474	518	496	423	423	433				>525	525 or >500	<500
At Home 91 days post discharge with reablement		70.9											<80%	80% or <86%	>86%
Delayed transfers of Care	2,169	2,667	2,589	2,260	2,329	2,134	2,058	1,844					>1500	1500 or >1325	<1325
Wiltshire BCF Schemes															
Intermediate Care Beds - Step Down	54	47	52	47	42	49	43	47					<45	>45 or <60	>60
Intermediate Care Beds - Step Up	2	6	5	3	6	1	3	4					<7	>7 or <10	>10
Community Hospital Beds - Admissions	79	73	93	70	74	78	72	80					<60	>60 or <80	>80
High Intensity Care - Referrals	17	16	21	24	25	23	23	13					<12	>12 or <18	>18
Urgent Care at Home	49	60	64	64	68	62	77						<60	>60 or <80	>80
Rehab Support Workers	13	31	47	58	67	65	75	56					<60	>60 or <80	>80
Community Geriatrics															
Fracture Liaison															
CHS															
Wiltshire iBCF Activity															
20 Additional SD IC Beds															
3 Specialist MH IC Beds															
Additional RSW / UCAH Reablement															
Housing Adviser															

Acute Specific Non Elective Admissions



Activity has been increasing through the year and at M7 admissions are 6.5% (1,624 admissions) higher than the same period last year. This year admission growth is broadly the same in each of the 3 broad age bands. The forecast admission rate in those aged 65 and over looks as if it will increase this year.

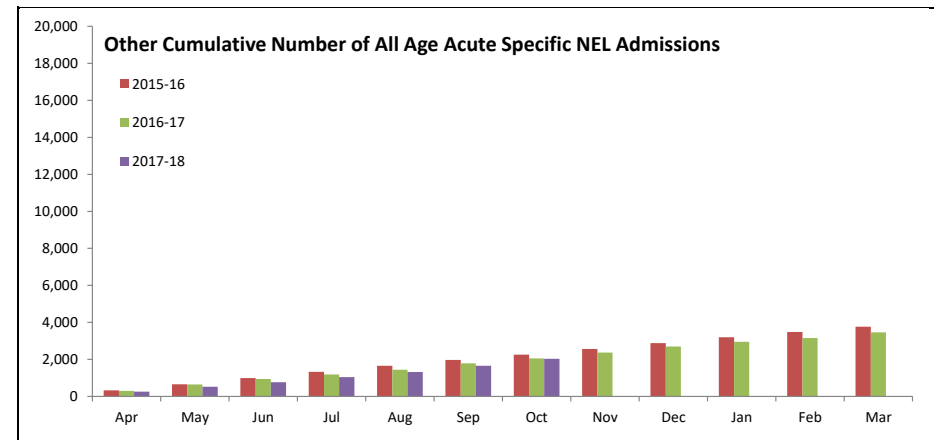
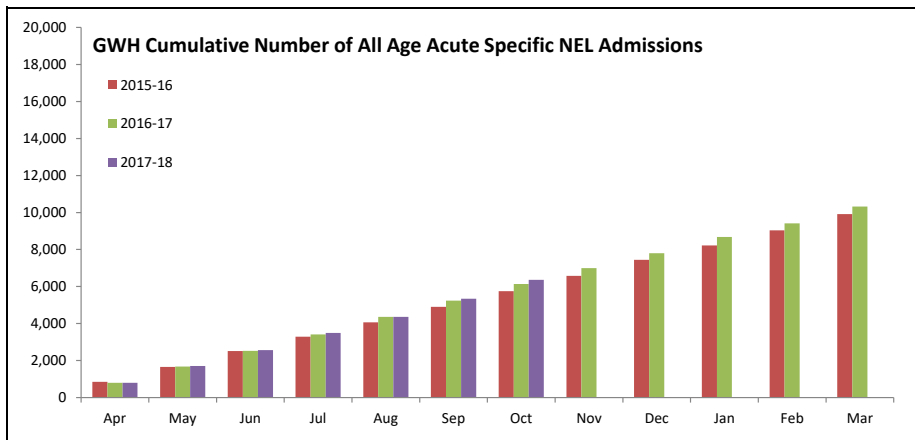
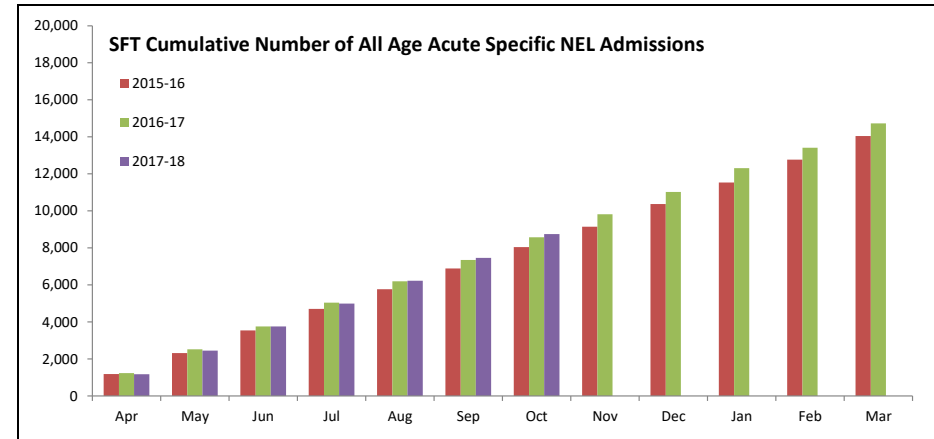
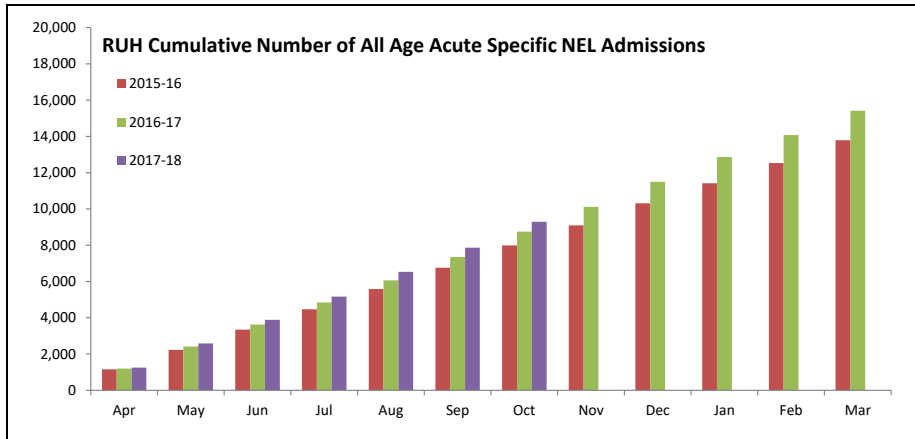


Source: CCG SUS Data

Acute Specific Non Elective Admissions



GWH and RUH have seen increases of 7.4% (436 adms) and 6.8% (584 adms) respectively while SFT is broadly similar to the same period last year. RUH has seen a 8.6% rise in admissions for those aged 65 and over, while at GWH there has been a 31.1% increase in admissions for young people aged under 18. Admissions out of area to other providers are broadly similar to the same period last year.

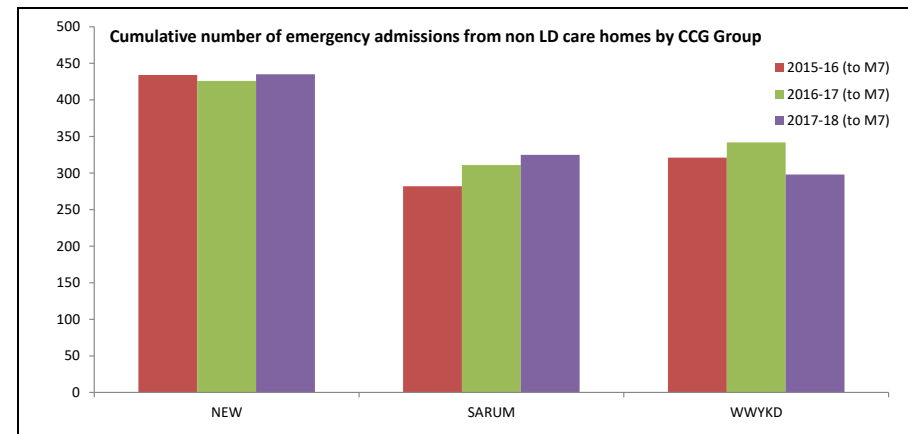
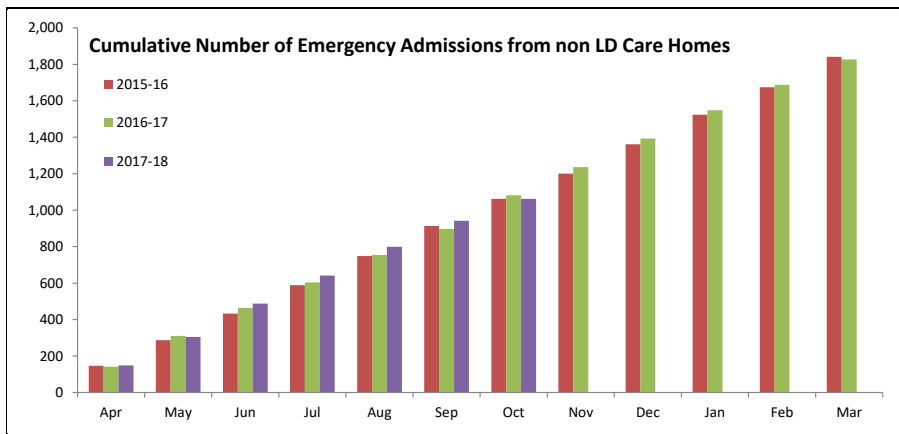
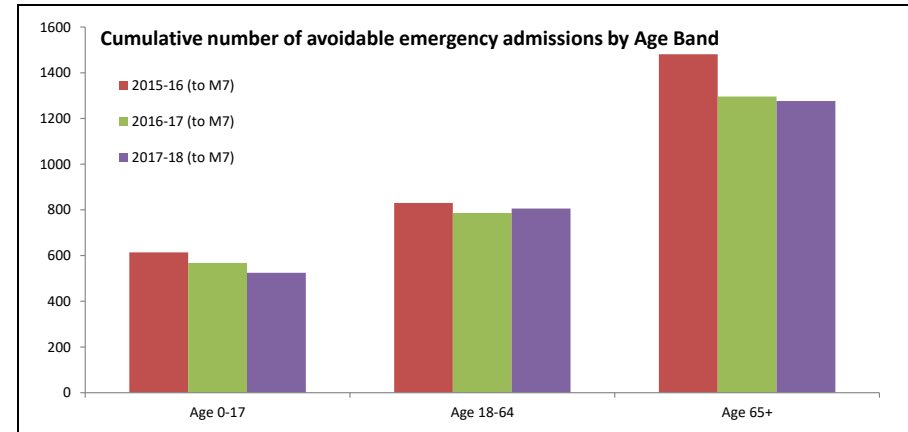
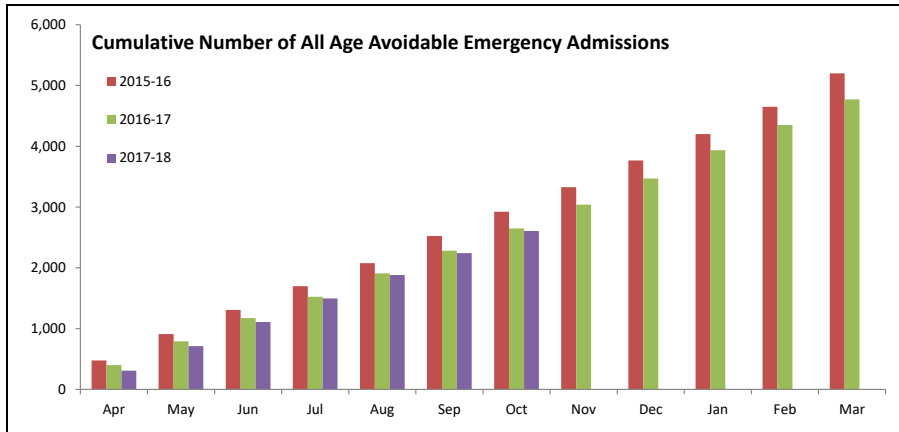


Source: CCG SUS Data

Avoidable Emergency Admissions & Admissions from Care Homes



Avoidable emergency admissions are around 2% lower (43 admissions) lower than for the same period last year, although the cost of these admissions is around 7% higher. These admissions are lower in both young people and older people but slightly higher in those of working age. Admissions from non LD care homes are also down on the same period last year by around 2% (23 admissions). When split by CCG group area we see an increase in the South, a decrease in the West and broadly similar in the North.

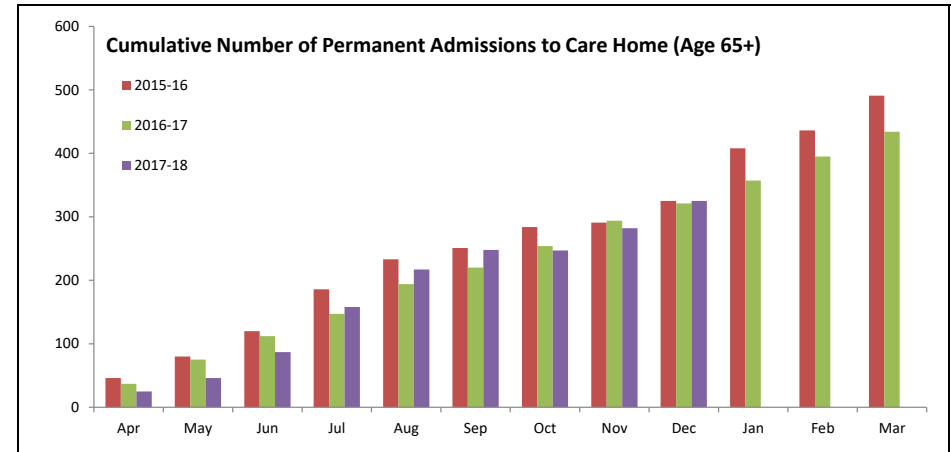
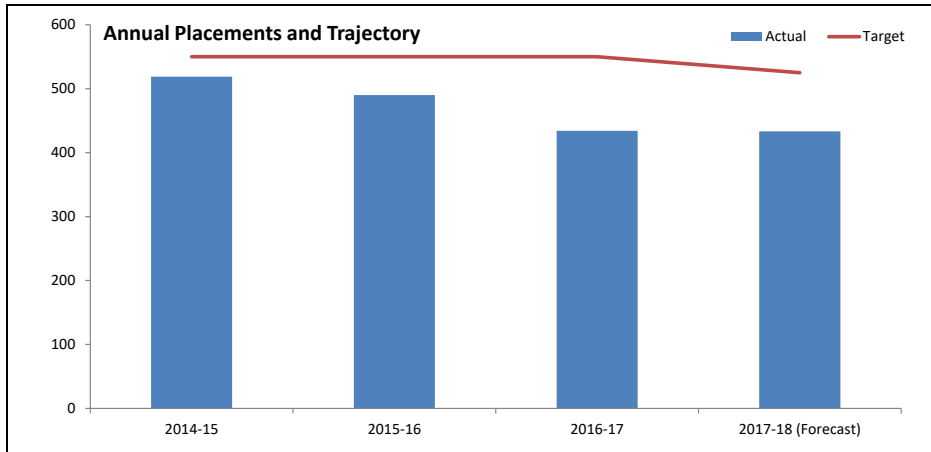


Source: CCG SUS Data

Permanent Admissions to Care Homes



There was a net increase of 43 permanent placements in December, this is around 19% higher than the monthly average for this year and 2016-17 (36). A simplistic forecast for year end remains around 435 which is well under the 525 target.

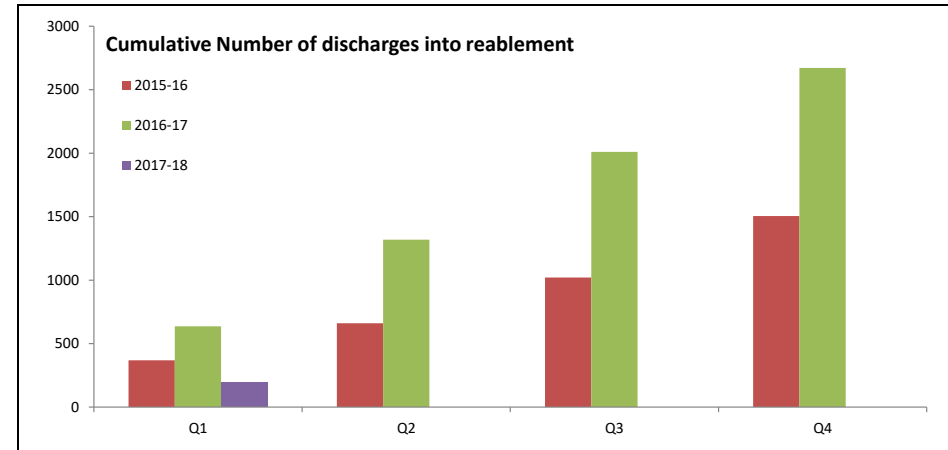
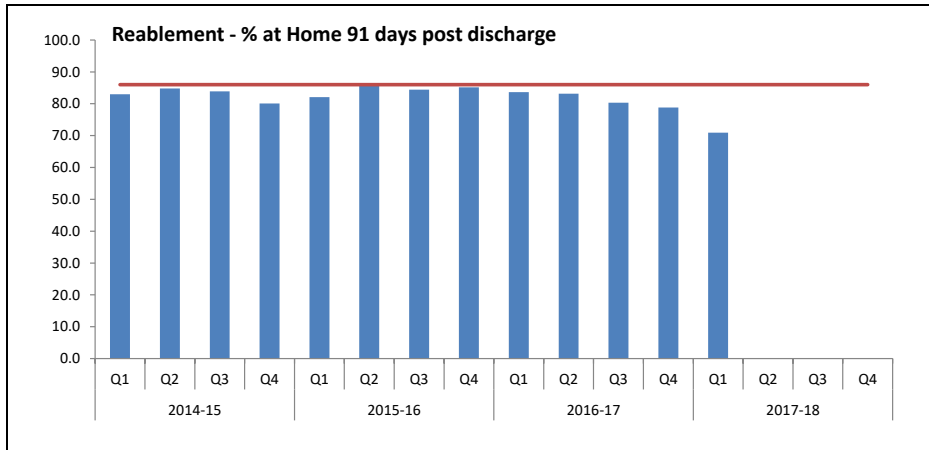


Source: ASC Performance Team

Patients at home 91 days post discharge from hospital



The number of patients entering reablement has reduced due to changes in the discharge pathway following the introduction Home First. Discussions with WH&C confirm this is likely to be more accurate than the 2016-17 position and numbers will return to expected levels in the coming months. Performance has also dropped slightly but should improve in the coming months.

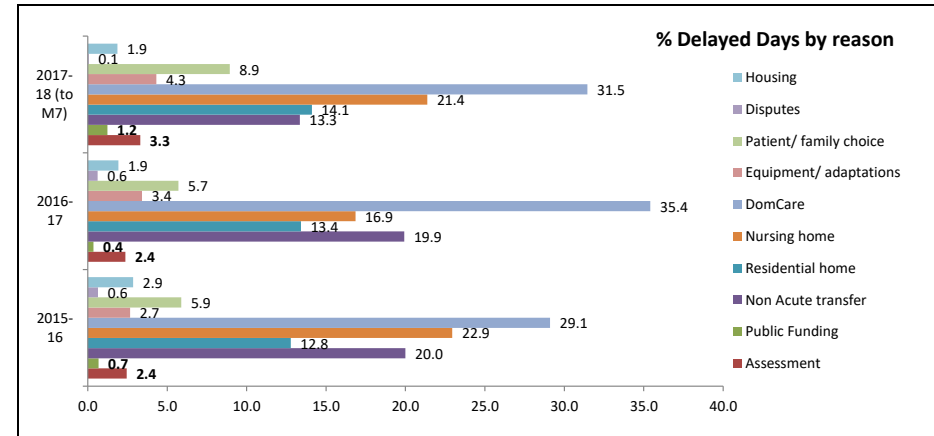
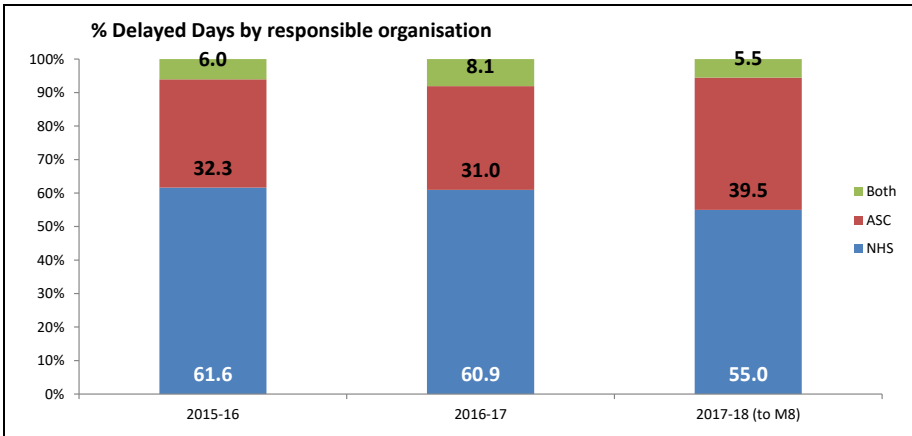
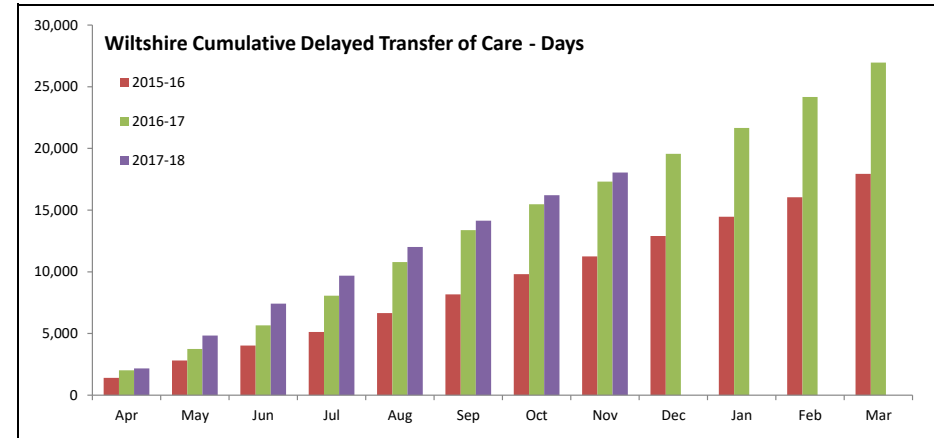
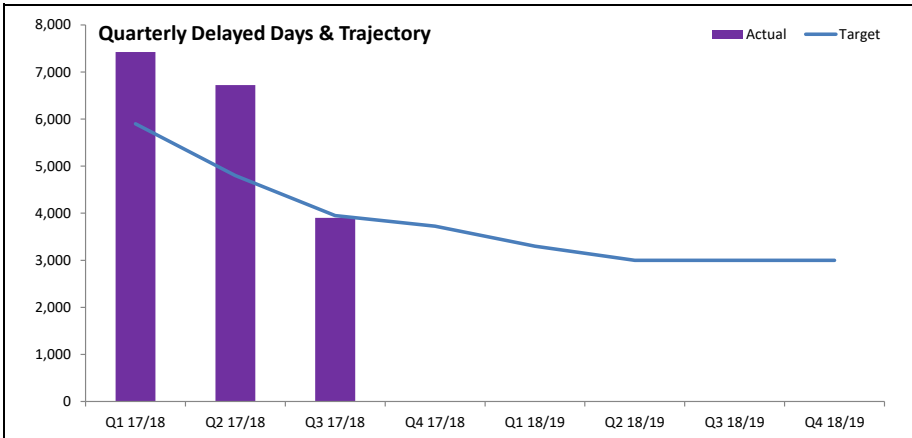


Source: ASC Performance Team & WH&C

Delayed Transfers of Care - Delayed days



The number of delayed days reduced by 10.4% (214 days) in November to 1,844 but this remains well above the trajectory target of 1,275. Both NHA and ASC attributable delays improved in November. Waiting for Packages of Care and Nursing Home Placements account for over 50% of the delayed days.

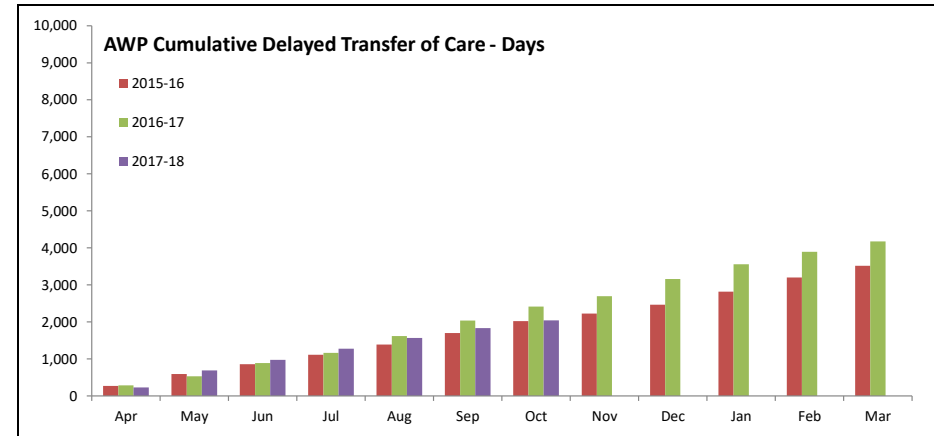
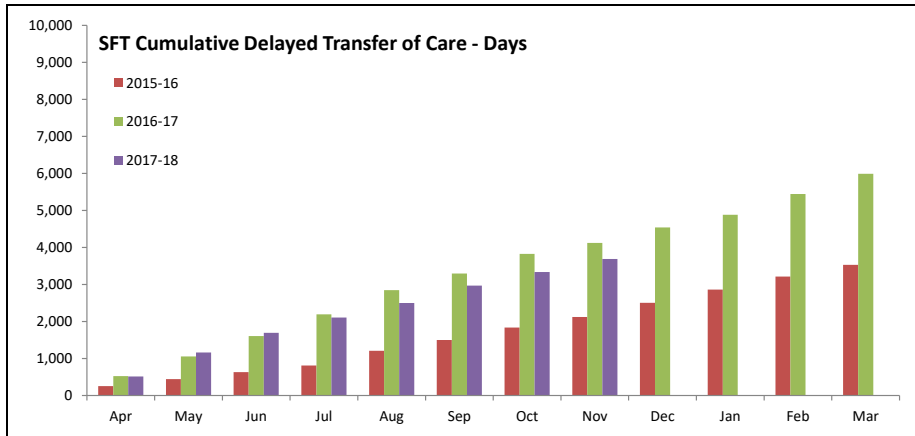
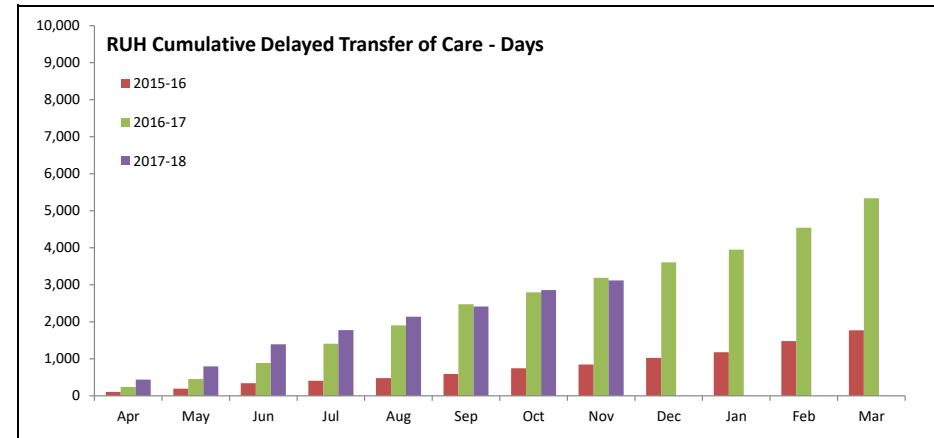
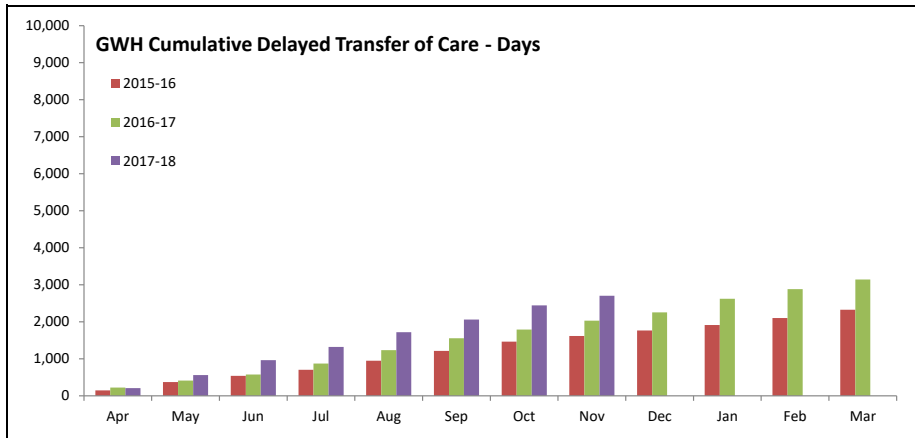


Source: NHS England Monthly Data

Delayed Transfers of Care - Delayed Days



RUH, SFT and AWP have seen a reduction in delayed days compared to the same period last year, while GWH has seen a rise.

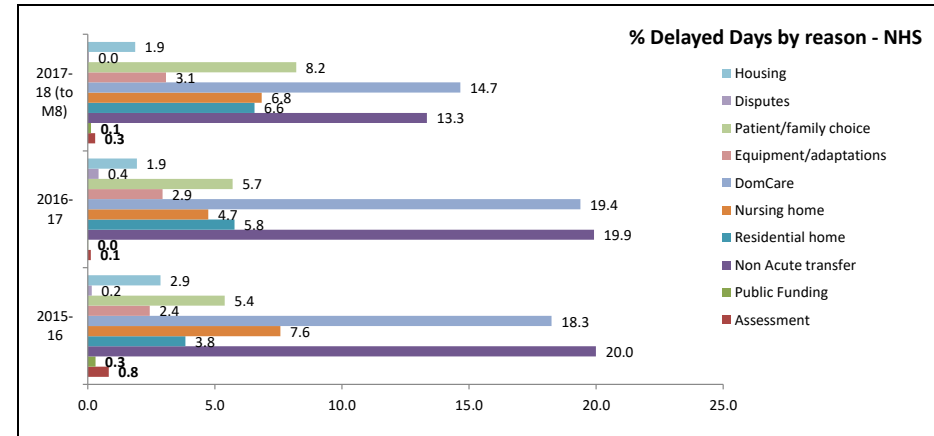
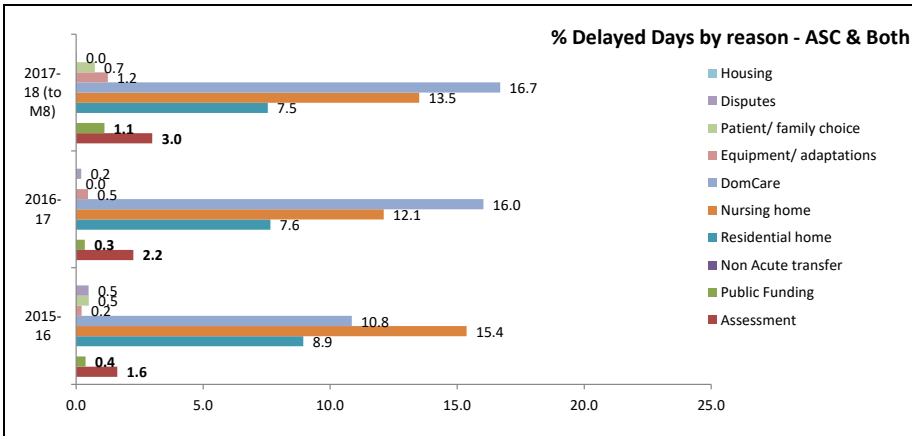
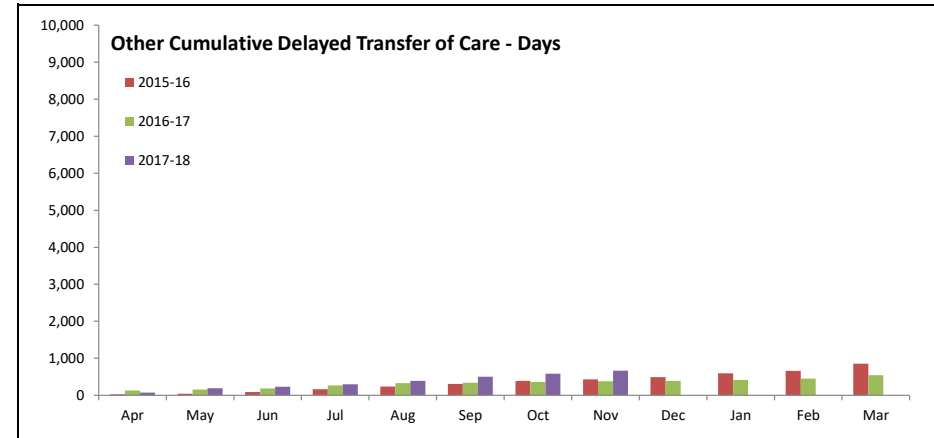
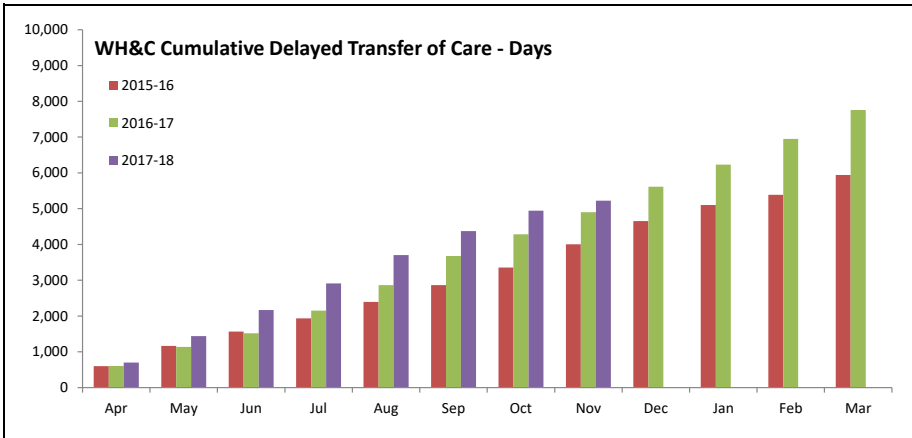


Source: NHS England Monthly Data

Delayed Transfers of Care - Delayed Days



Delays in Community Hospital and in Out of Area Hospitals have increased compared to the same period last year.

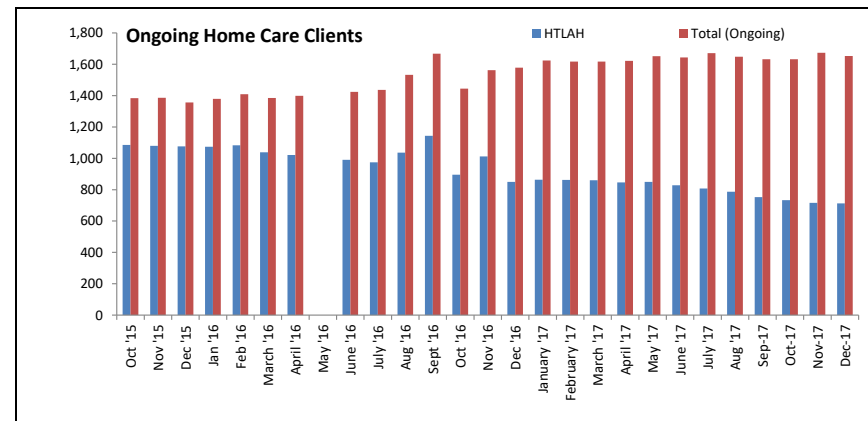
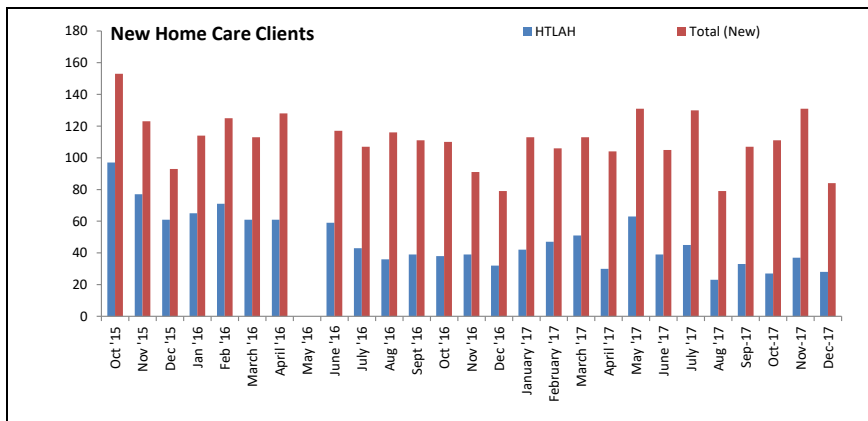
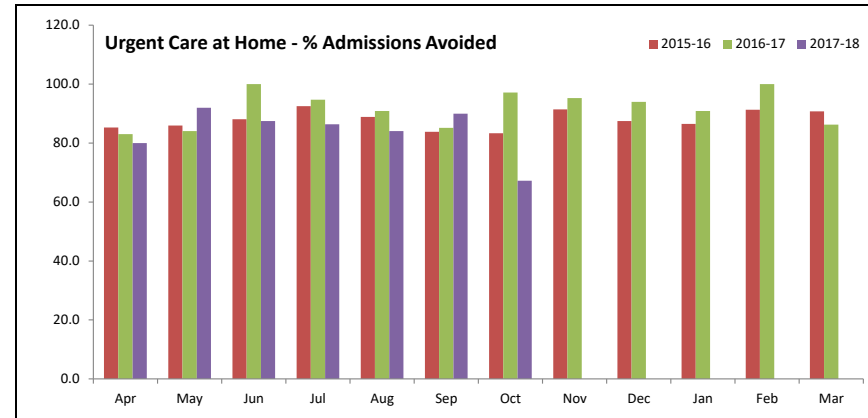
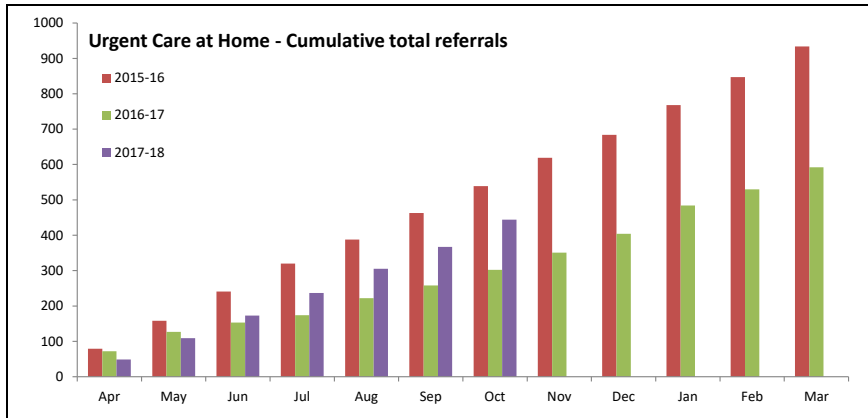


Source: NHS England Monthly Data

Home Care and Urgent Care at Home Activity



Urgent Care at Home referrals were higher in October at 77, which is close to the 80 target, however the % of admissions avoided reduced to around 67%. The average number of referrals to M7 is now around 63 per month which is higher than the 2016-17 of 50. The average percentage of admissions avoided is around 85%. The average number of referrals to support discharge is now around 17, this is higher than 2016-17 (9) and 2015-16 (12). New Help to live at Home activity was lower in December for new cases the total was 28 compared to 37 in November for ongoing cases it was 712 clients in December compared to 716 in November. Overall total clients (including SPOT purchase) decreased from 1,673 in November to 1,653 in December.

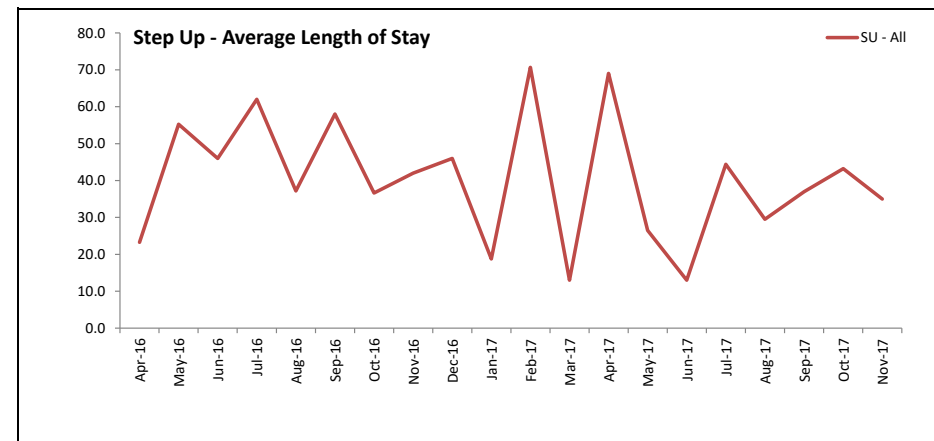
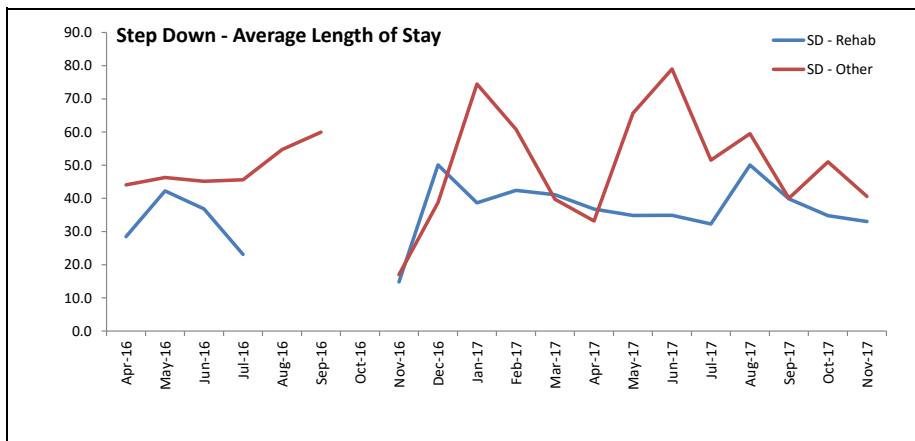
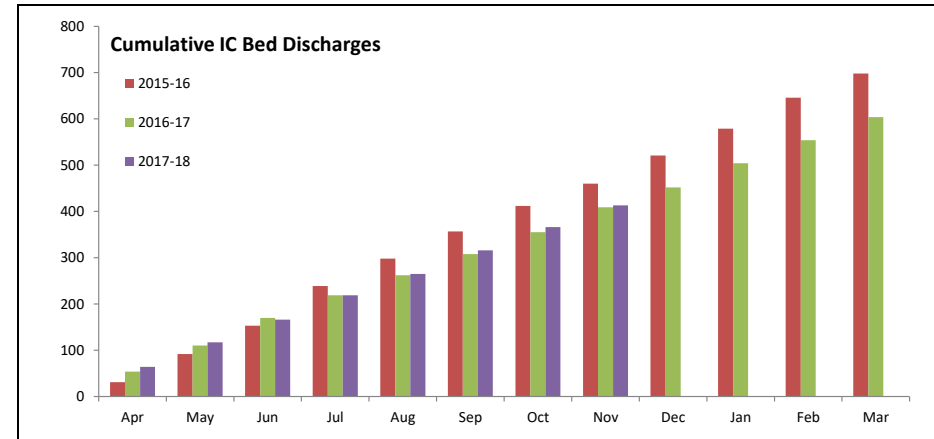
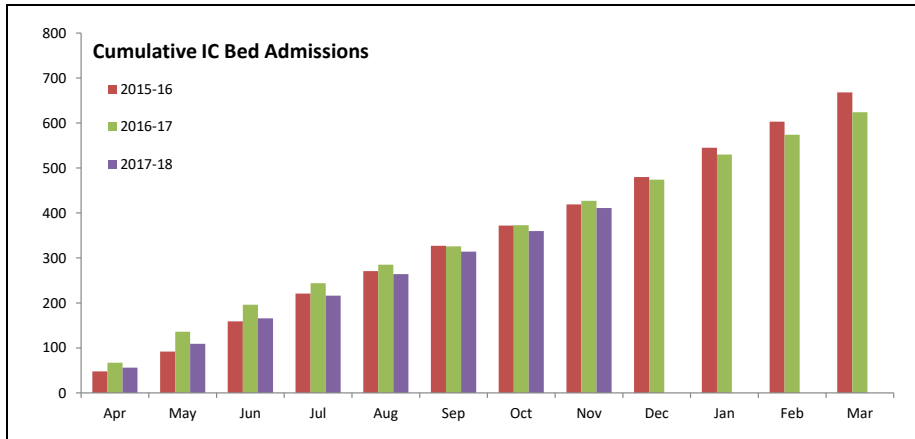


Source: Home Care Data, Wiltshire Council ASC Performance Team. UC@H Data, MEDVIVO

Home Care and Urgent Care at Home Activity



Length of stay for rehab patient has fallen to around 33 days, for non rehab patients the length of stay is higher at around 41 days. Admissions have decreased slightly as one of the homes is on the Council "red list" due to a poor CQC inspection, increased SPOT purchase is being used to try and maintain flow. Step up bed admissions remain very low at around 5 per month.



Source: ASC Performance Team

BCF Scheme Activity & Outcomes



This is the proof of concept of this new format for the dashboard, work is ongoing to develop this sheet to include the main KPI information for the schemes managed under the Better Care Fund. It is hoped over the coming months we will be able to update this to include more information on the schemes.

Scheme	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute Trust Liaison												
GWH												
RUH												
SFT												
Access to Care (including Single Point of Access)												
Carers Emergency Card												
Telecare Call Centre												
Telecare Equipment												
Urgent Care and Response at Home	49	60	64	64	68	62	77					
Hospital at Home												
SFT												
Integrated Discharge												
GWH												
RUH												
SFT												
Enhanced Discharge Service for EOL Pathway												
IC Beds - SD												
Admissions	54	47	52	47	42	49	43	47				
LoS	37.5	40.8	35.0	36.7	46.4	38.8	37.3	34.4				
IC Beds - SU (South)												
Admissions	2	6	5	3	6	1	3	4				
LoS	40.3	26.5	13.0	44.4	29.5	37.0	43.2	35.0				
Therapy provision for Intermediate Care Beds												
Step Up Beds (WHC)												
High Intensity Care (WHC)												
Admissions	17	16	21	24	25	23	23	13				
LoS	28.6	30.7	22.2	43.7	23.3	34.7	29.6	48.5				
Care Home Liaison												
East Kennet SHARP												
Community Geriatricians												
Home First (Rehab Support Workers Initiative)	13	31	47	58	67	65	75	56				
Carers												
Integrated Community Equipment												
Community Services												
EOL												
The Leg Club Model												
iBCF Schemes												
SFT Dom Care												
20 addition SD Beds												
3 MH CH Beds												
Housing Adviser												

