

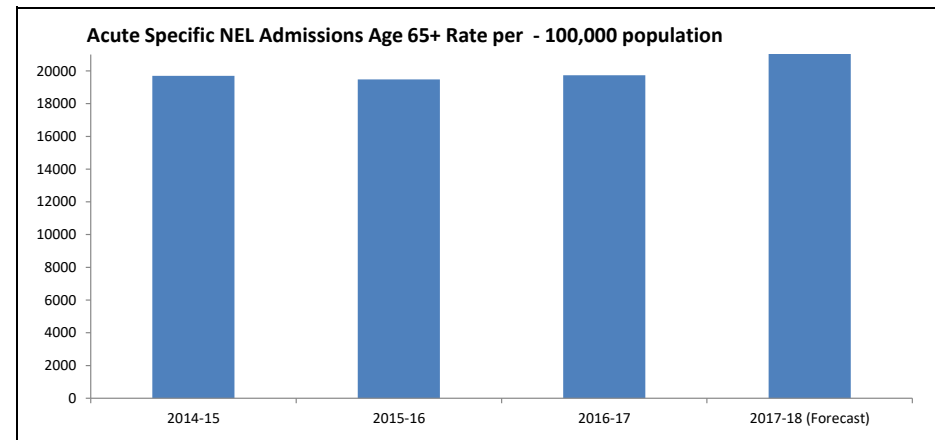
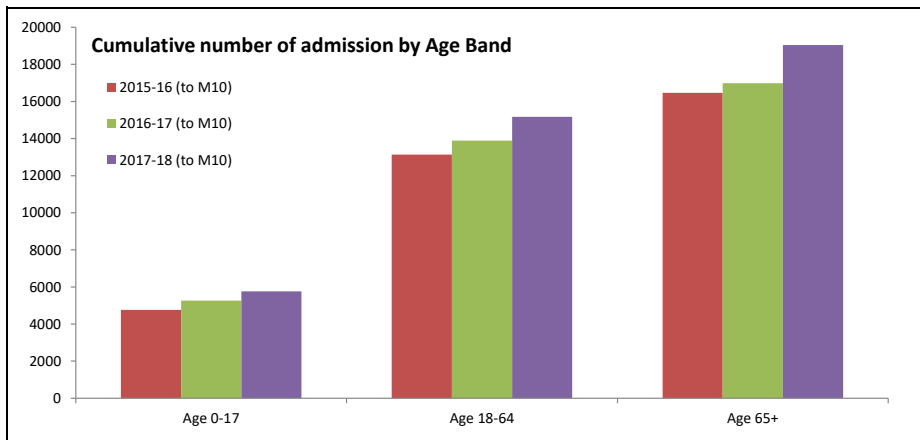
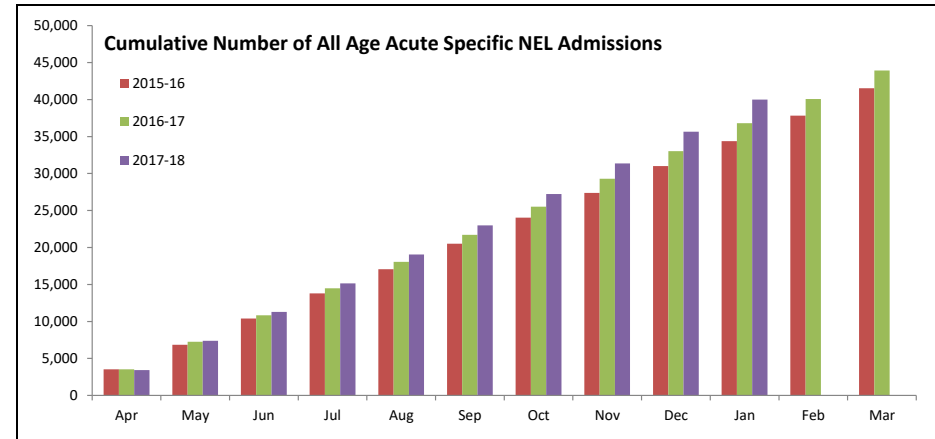
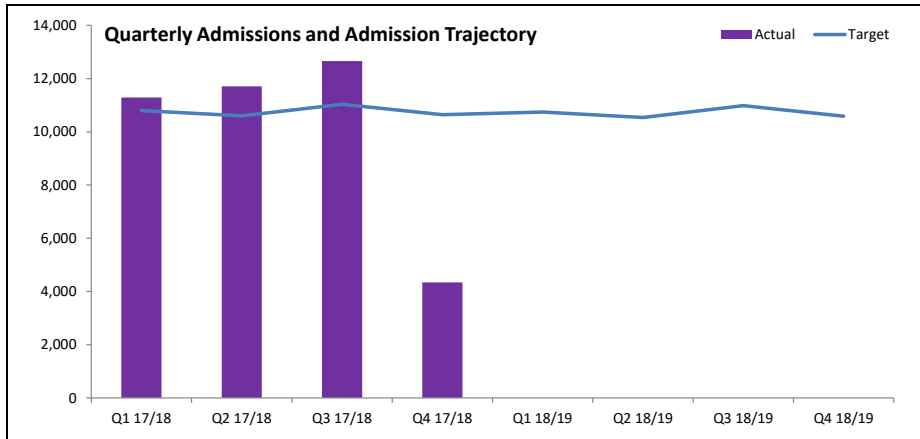
DTOC increased in the latest data but generally we are still seeing an improvement in both NHS delays and ASC delays than seen earlier in the year. Non-elective admissions have increased when compared to last year but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning. 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 embedded.

	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	3,416	3,973	3,900	3,866	3,909	3,932	4,233	4,123	4,300	4,339			<3250	3250 or <3750	>3750
Permanent Admissions to Care Homes	300	276	348	474	518	496	423	423	433	432			>525	525 or >500	<500
At Home 91 days post discharge with reablement		70.9			67.0								<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	1,618	2,100			>1500	1500 or >1325	<1325
Wiltshire BCF Schemes															
Intermediate Care Beds - Step Down	54	47	52	47	42	49	43	47	52	52	40		<45	>45 or <60	>60
Intermediate Care Beds - Step Up	2	6	5	3	6	1	3	4	3	6	2		<7	>7 or <10	>10
Community Hospital Beds - Admissions	79	72	72	70	74	79	78	81	89				<60	>60 or <80	>80
High Intensity Care - Referrals	17	16	21	24	25	23	23	13	23				<12	>12 or <18	>18
Urgent Care at Home	49	60	64	64	68	62	77	75	69	72			<60	>60 or <80	>80
Rehab Support Workers	13	31	47	58	67	65	75	56	15				<60	>60 or <80	>80
Community Geriatrics															
Fracture Liaison															
CHS															
Wiltshire iBCF Activity															
20 Additional SD IC Beds															
Admissions									8	9	7				
Discharges										6	9				
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 M10 admissions are notionally 10.7% (3,858 admissions) higher than the same period last year. A large proportion of this increased activity is due to a change in coding practice at GWH and in addition some activity is now counted at CCG activity when previously it was NHS England specialised commissioning. As a result at this time the 2 years are not directly comparable.

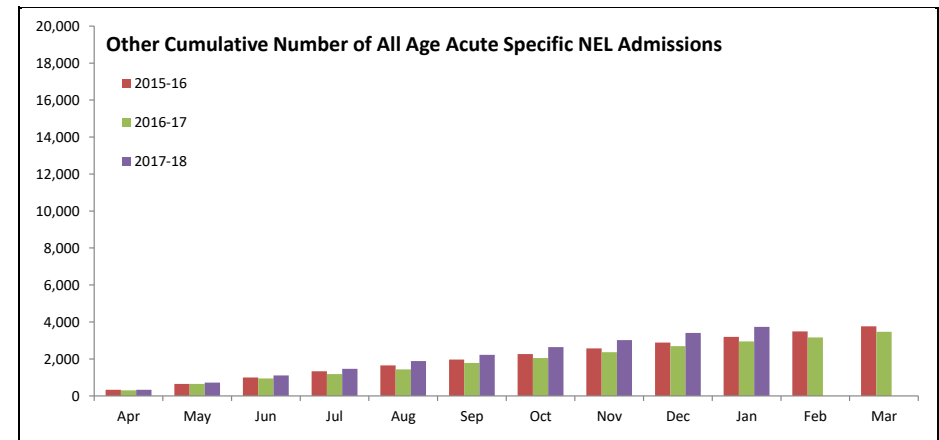
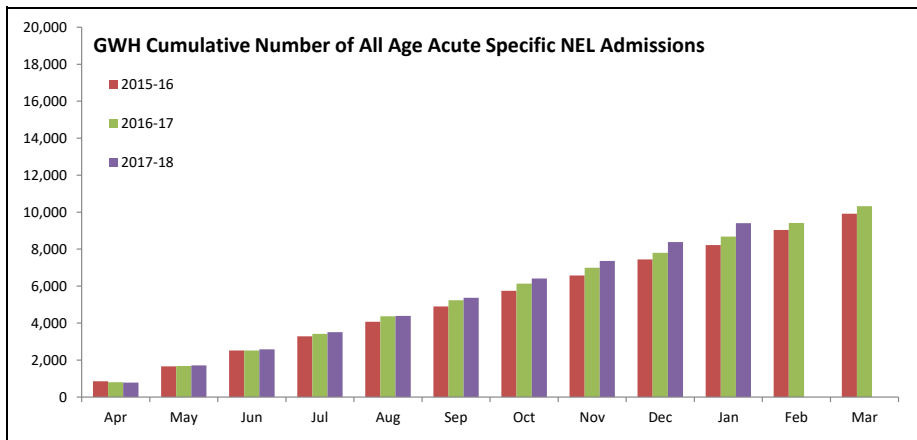
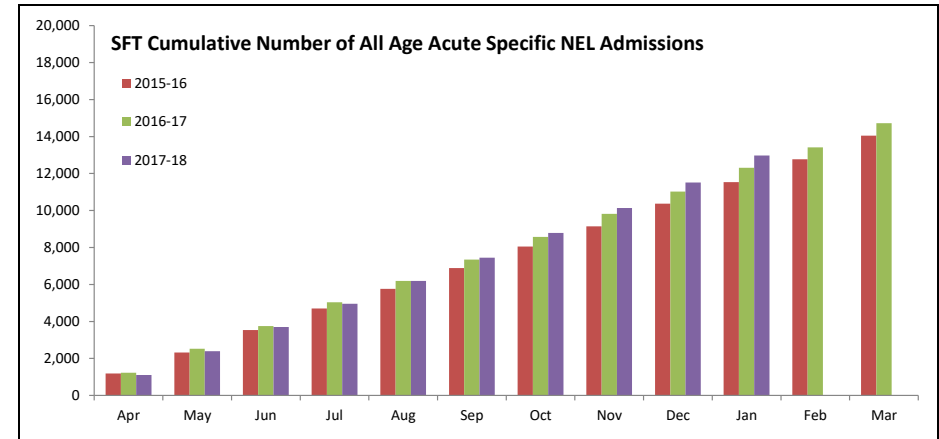
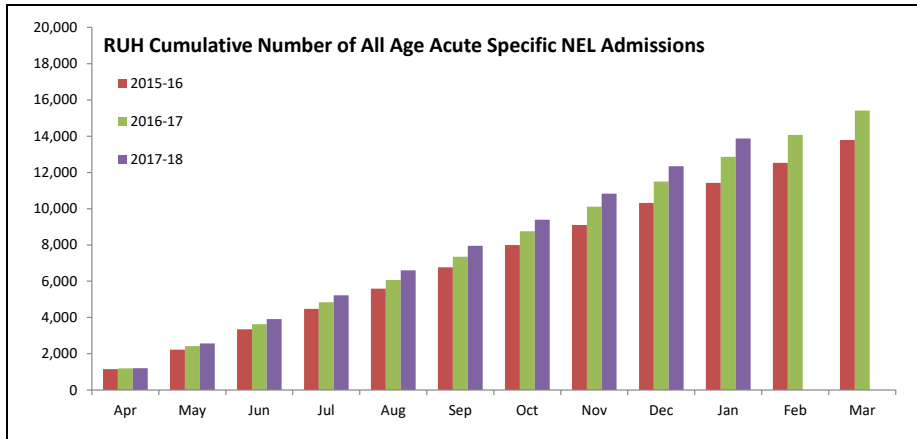


Source: CCG SUS Data

Acute Specific Non Elective Admissions



GWH has seen an increase of 11.5% (966 admissions) part of this is a change in coding practice, RUH & SFT have seen increases of 10.0% (1,259 adms) and 5.1% (632 adms) respectively this is believed to be driven by a transfer in responsibility from NHS E to CCG funding. Admissions out of area to other providers are also up on last year, partly explained by changes from WH&C and AWP.



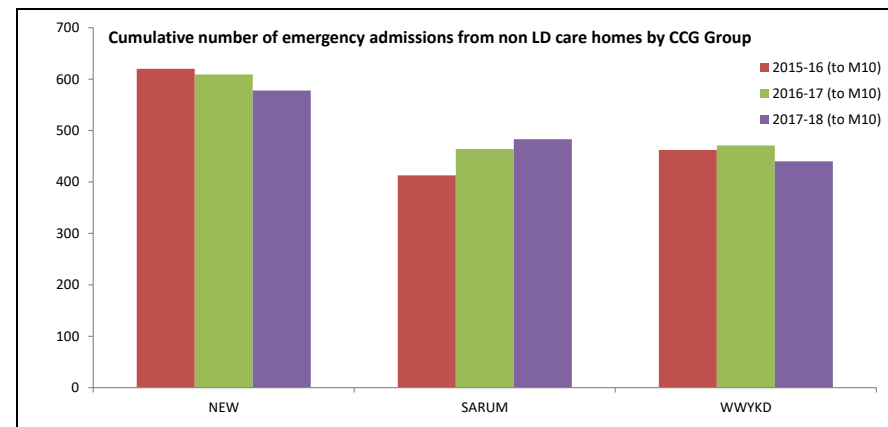
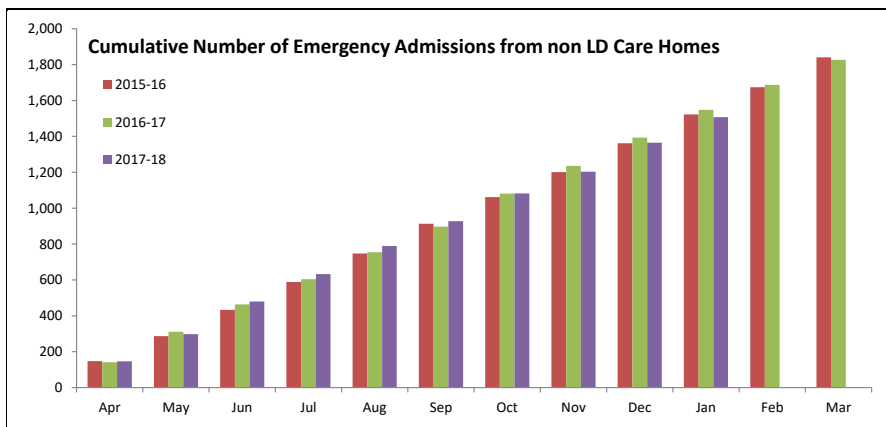
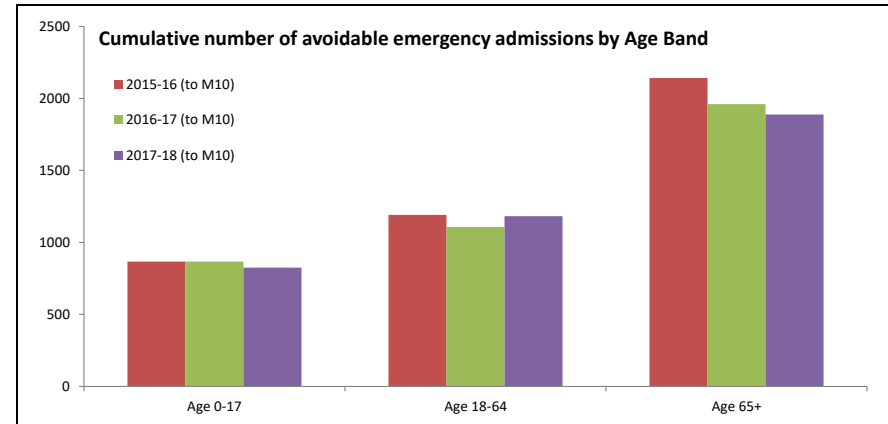
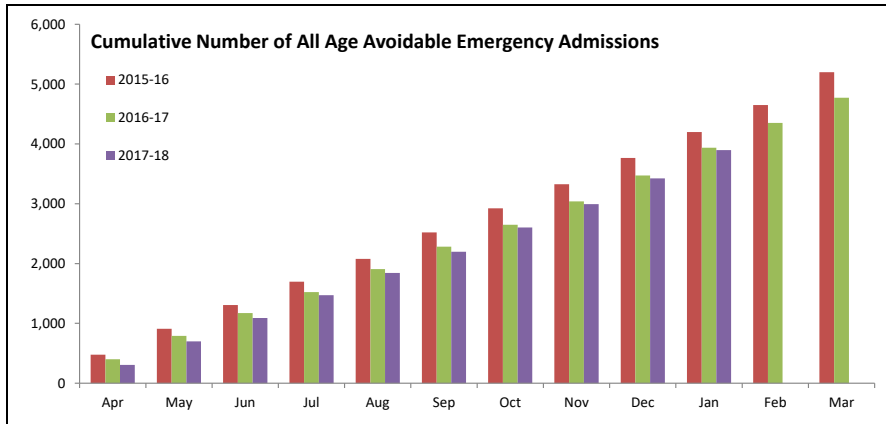
Source: CCG SUS Data

Avoidable Emergency Admissions & Admissions from Care Homes



Avoidable emergency admissions are 1% lower (40 admissions) lower than for the same period last year, although the cost of these admissions is around 9% 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 2.8% (43 admissions). When split by CCG group area we see a slight increase in the South, with a decrease in the West and North.

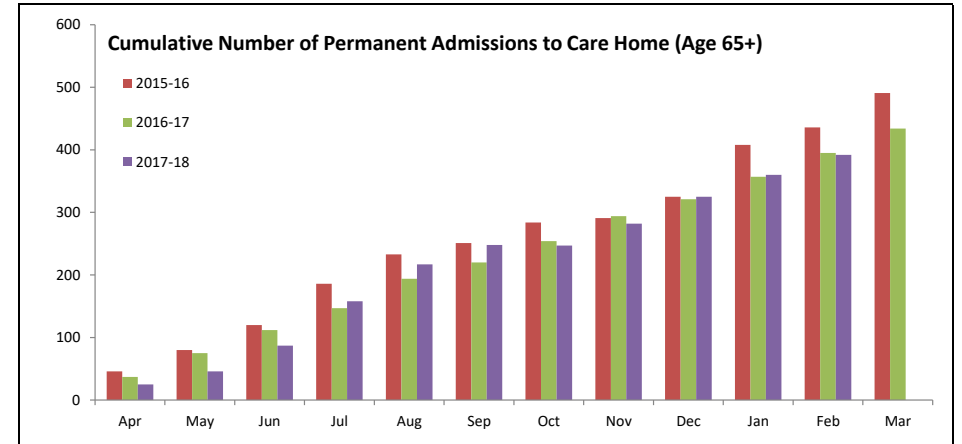
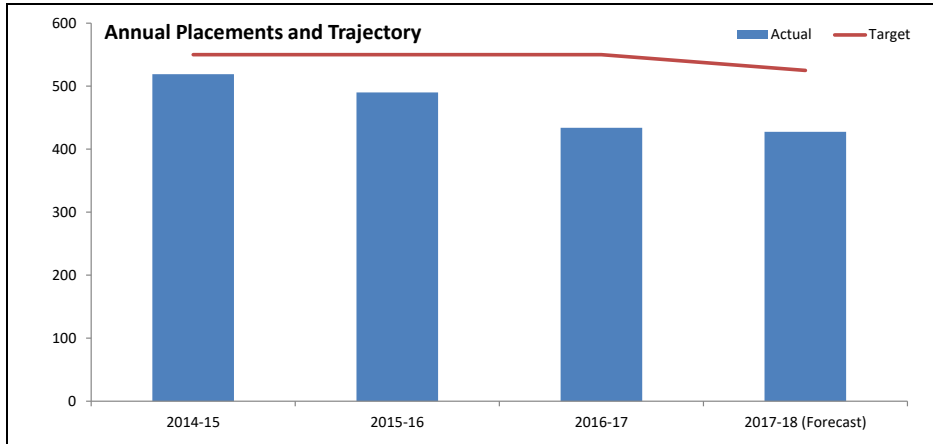


Source: CCG SUS Data

Permanent Admissions to Care Homes



There was a net increase of 32 permanent placements in January, this is slightly lower 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.

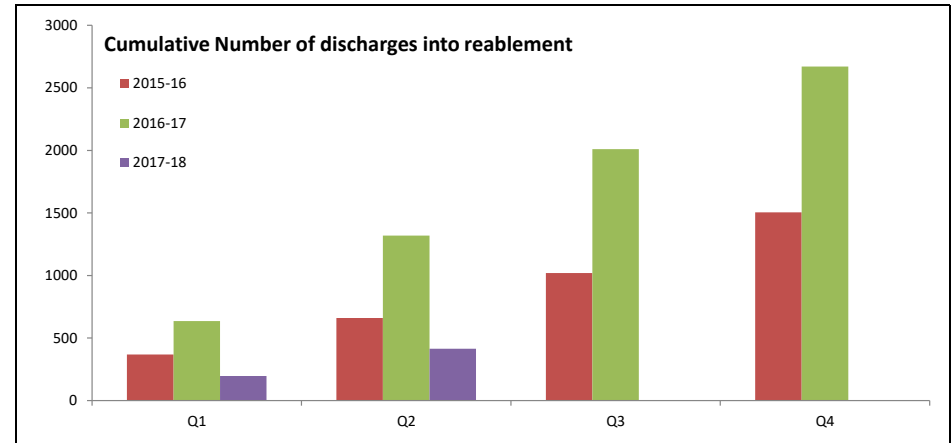
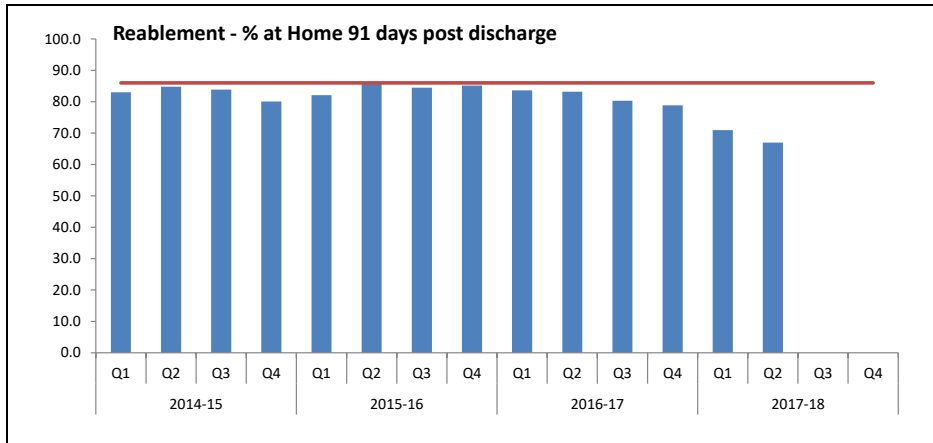


Source: ASC Performance Team

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.

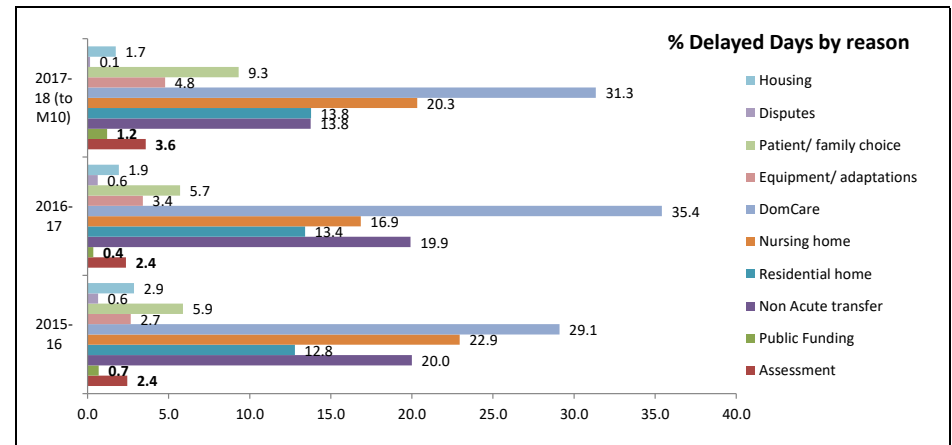
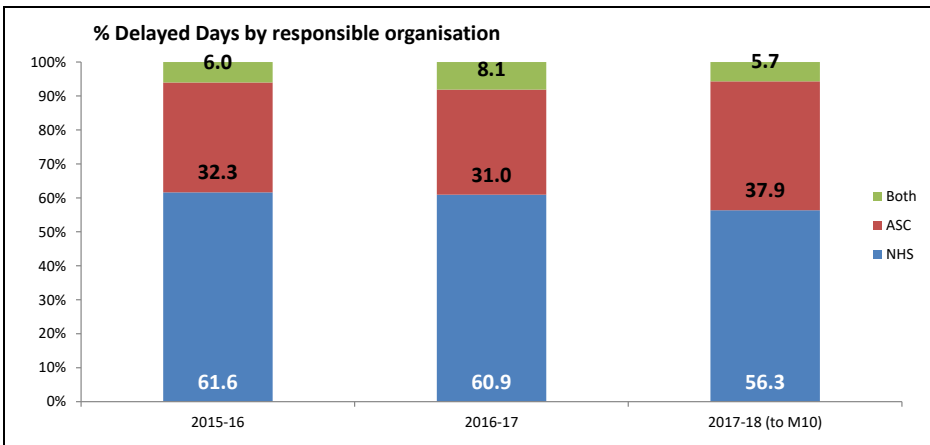
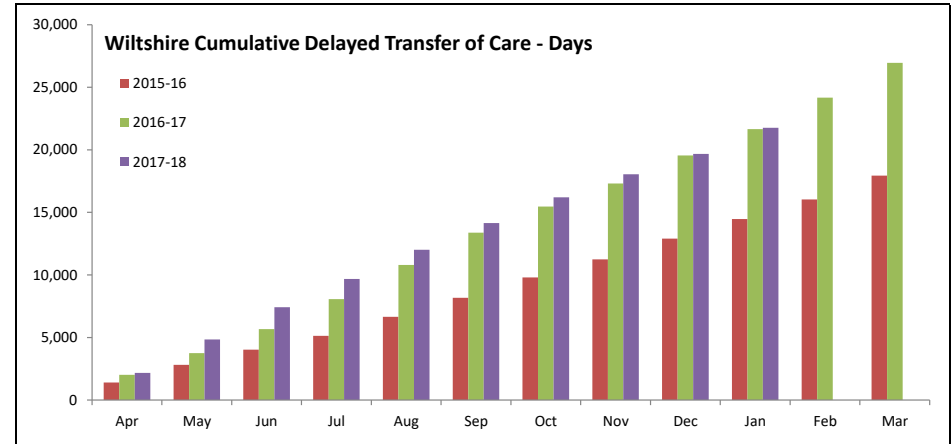
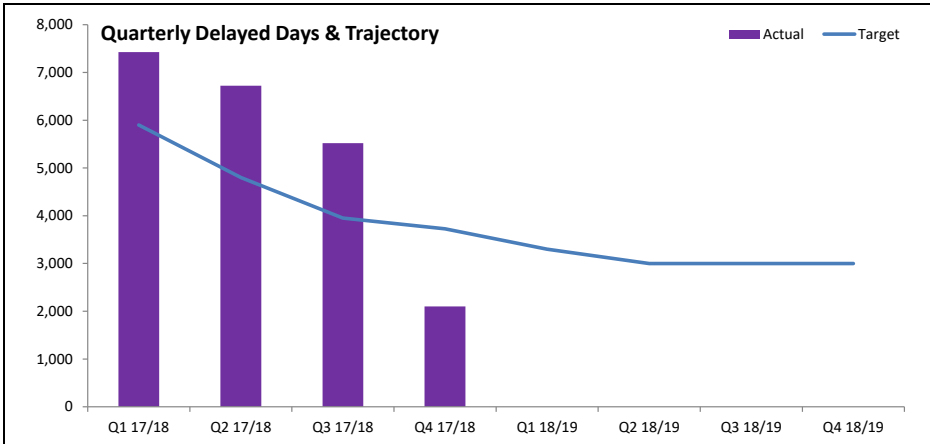


Source: ASC Performance Team & WH&C

Delayed Transfers of Care - Delayed days



The number of delayed days increased by 29.8% (482 days) in January to 2,100 and remains well above the trajectory target of 1,325. Both NHS and ASC attributable delays increased in January. Waiting for Packages of Care and Placements accounted for 50% of the delayed days.

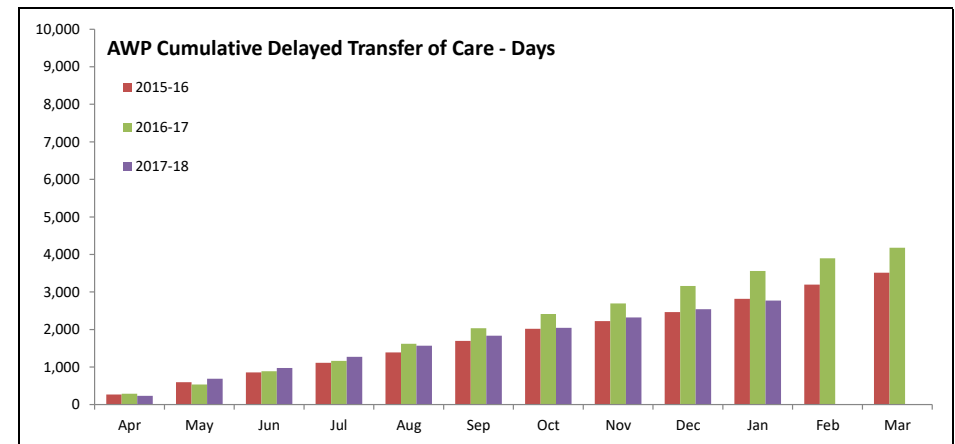
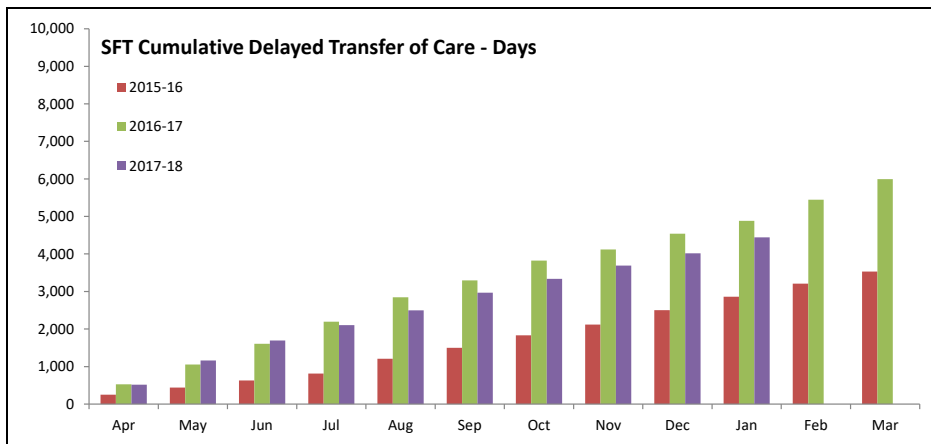
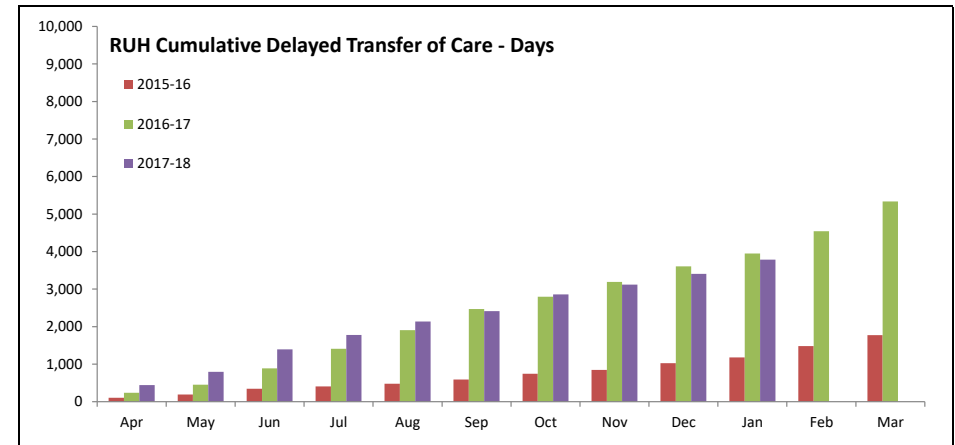
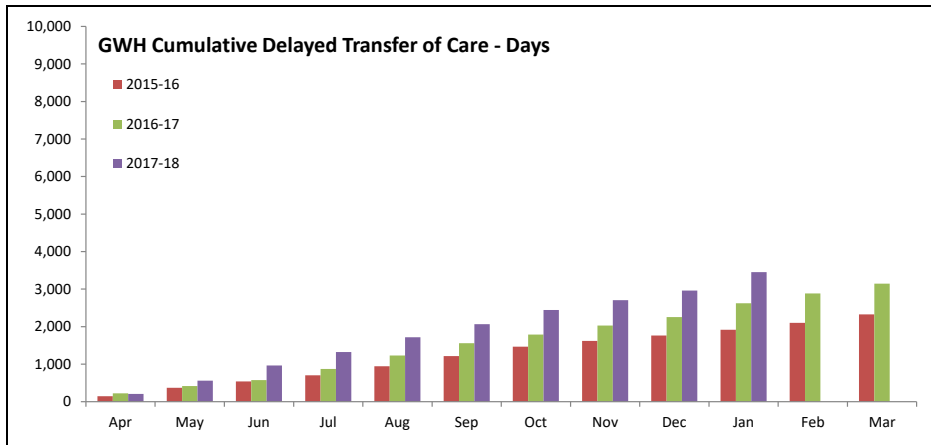


Source: NHS England Monthly Data

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.

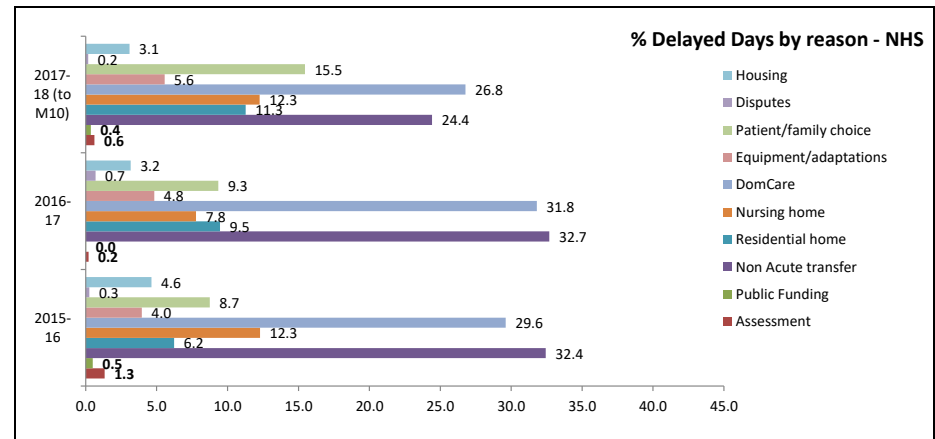
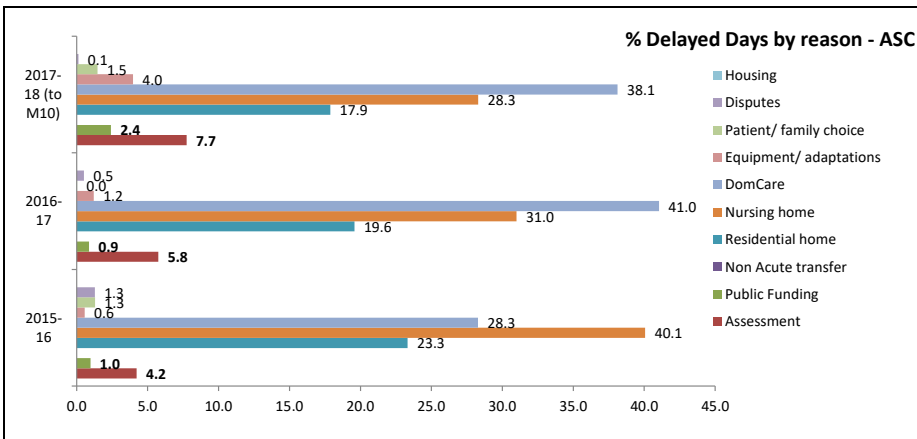
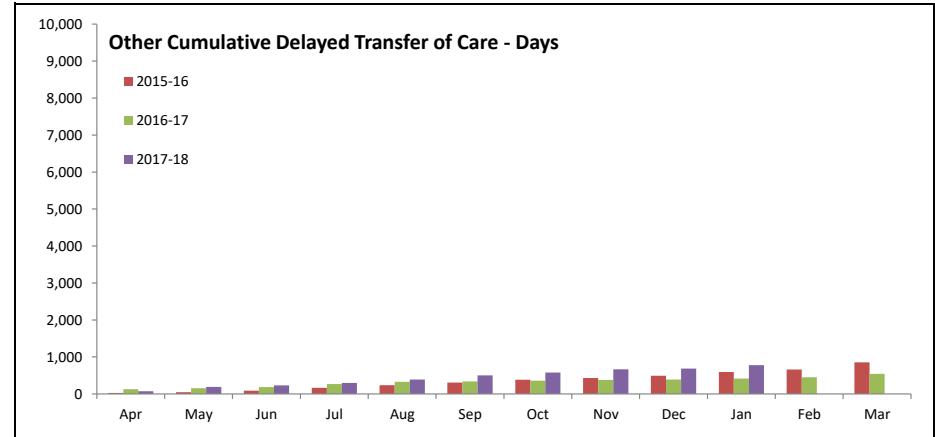
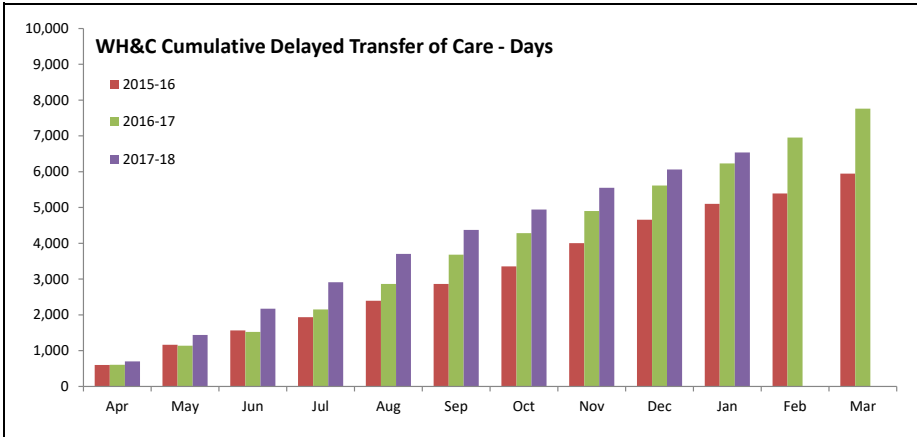


Source: NHS England Monthly Data

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. For NHS delays there has been an increase in the percentage of delays due to choice and waiting for a residential home. For ASC delays the percentage of delays associated with assessment and waiting for a package of care have increased.

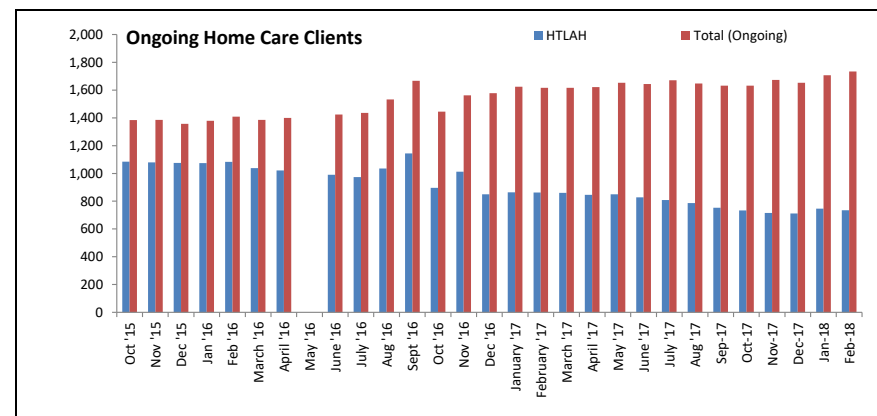
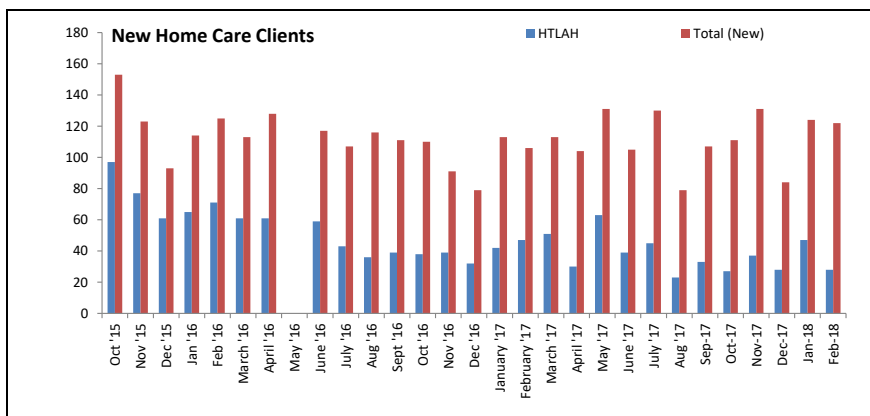
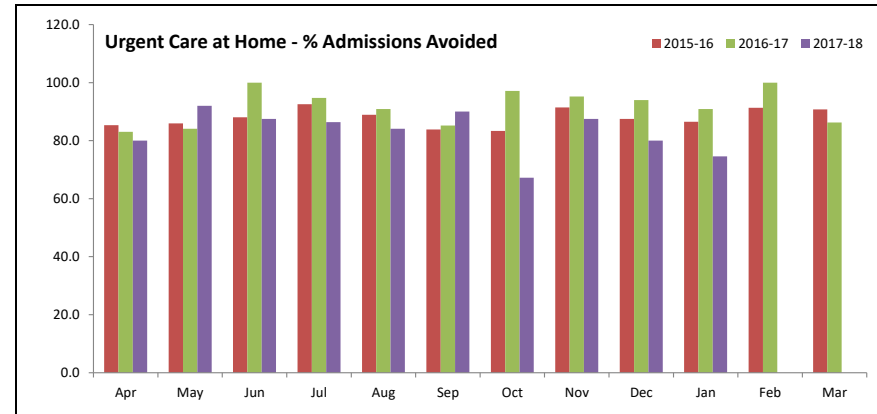
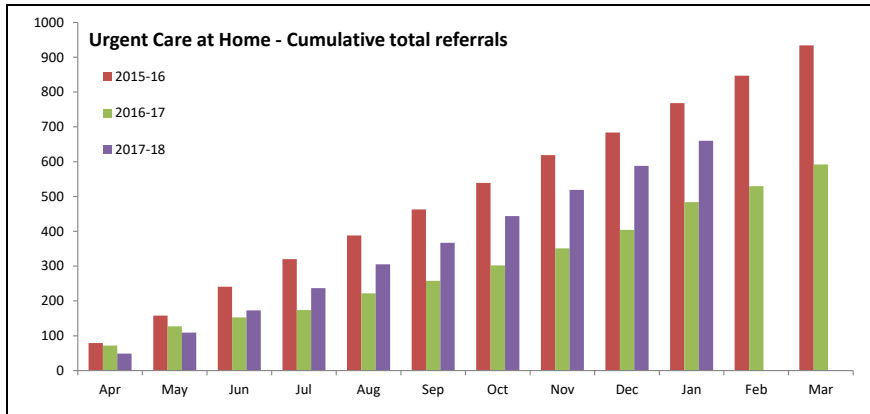


Source: NHS England Monthly Data

Home Care and Urgent Care at Home Activity



Urgent Care at Home referrals were 72 in January, which is close to the 80 target, however the % of admissions avoided was lower at around 75%. The average number of referrals to M10 is now around 66 per month which is higher than the 2016-17 of 50. The average percentage of admissions avoided is around 82%. The average number of referrals to support discharge is now around 15, this is higher than 2016-17 (9) and 2015-16 (12). New Help to live at Home activity increased in January for new cases the total was 47 compared to 28 in December for ongoing cases it was 747 clients in December compared to 712 in December. Overall total clients (including SPOT purchase) increased from 1,653 in December to 1,707 in December.

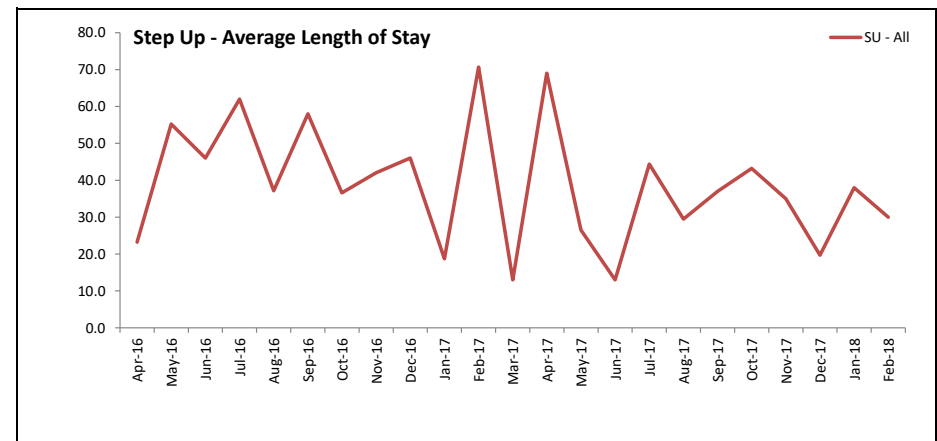
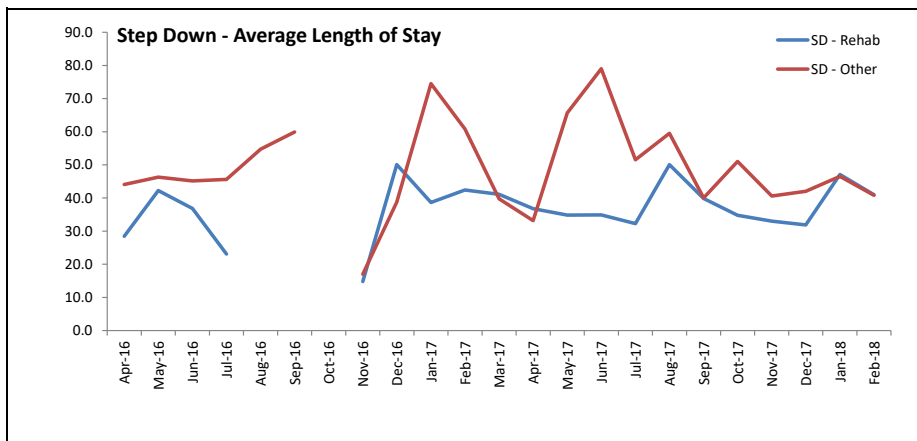
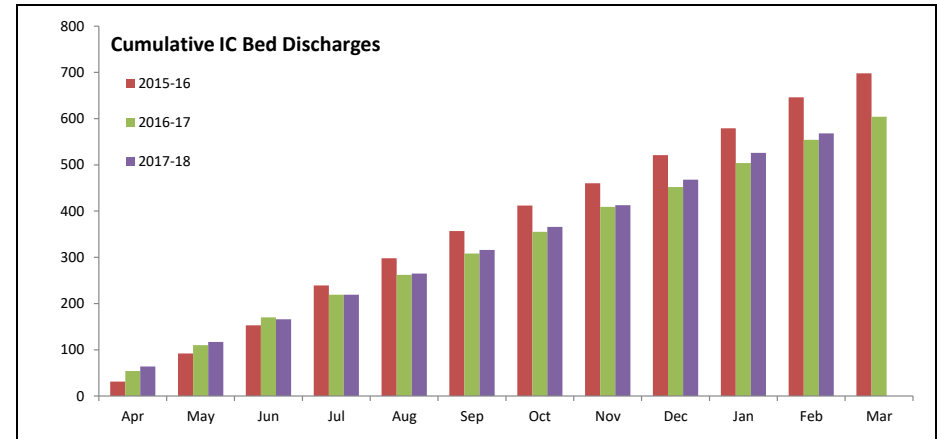
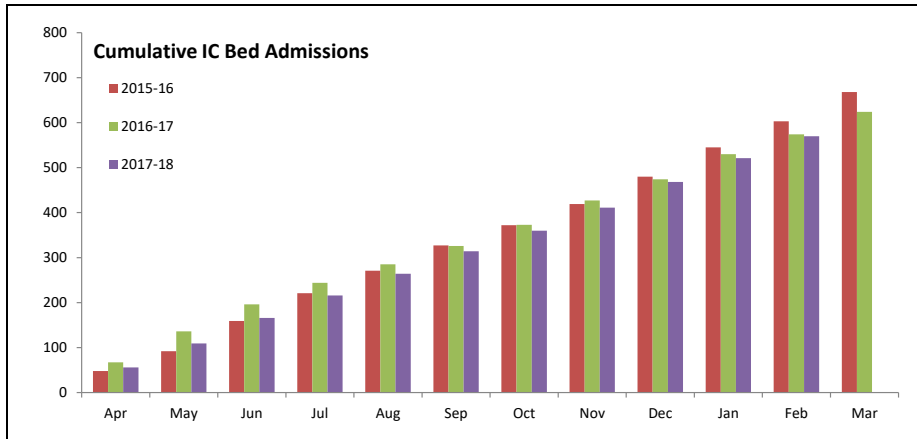


Source: Home Care Data, Wiltshire Council ASC Performance Team. UC@H Data, MEDVIVO

Intermediate Care Beds



Length of stay for rehab reduced in February to 41.0 days, for non rehab patients the length of stay is around the same at 40.8 days. Admissions have been maintained despite one of the homes is on the Council "red list" due to a poor CQC inspection, increased SPOT purchase has been used to help maintain flow. Step up bed admissions were similar in February to January.



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	75	69	72		
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	52	46		
LoS	37.5	40.8	35.0	36.7	46.4	38.8	37.3	34.4	33.2	47.0		
IC Beds - SU (South)												
Admissions	2	6	5	3	6	1	3	4	5	7		
LoS	40.3	26.5	13.0	44.4	29.5	37.0	43.2	35.0	19.7	38.0		
Therapy provision for Intermediate Care Beds												
Step Up Beds (WHC)												
High Intensity Care (WHC)												
Admissions	17	16	21	24	25	23	23	13	23			
LoS	28.6	30.7	22.2	43.7	23.3	34.7	26.8	48.5	20.6			
Care Home Liaison												
East Kennet SHARP												
Community Geriatricians												
Home First (Rehab Support Workers Initiative)	13	31	47	58	67	65	75	56	15			
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												