Better Care Fund 2021/22

Performance Metrics

Cambridgeshire and Peterborough

Better Care Fund -National Metrics

- Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement of rehabilitation)
- Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000
- Avoidable admissions – unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Reducing length of stage in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- Improving the proportion of people discharged home using data on discharge to their usual place of residence

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

Recommended 2021/22 Target: 71.7%

Past BCF Performance 2019/20:

Target: 82.9%

Actual: 80.2%

		19-20 Plan	19-20 Actual	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	82.9%	80.2%	71.7%
	Numerator	116	65	76
	Denominator	140	81	106

Rationale:

- COVID and the changes to the D2A pathways have impacted on performance of this target.
- we are seeing lower numbers of older people coming down the pathway, though activity is starting to increase
- due to a reduction in elective admissions we are seeing a higher acuity of need post discharge which has impacted outcomes.
- we have a low level reablement commissioned offer through British Red Cross and Care Network, which means reablement tends to pick up higher acuity of need packages which impacts on outcomes.
- There is a continued significant investment in reablement provision, and reablement is the default pathway for discharges and there is a growing focus on community referrals to avoid admission.
- Nationally, the England average performance decreased from 79.5% in 2019/20 to 74.9% in 2020/21
- 2020/21 performance was 70.4%. Current indicative performance in 2021/22 to date is below, but final year end data will be based on Q3 snapshot performance:

Month	Percentage at home after 91 days post Hospital
Jun 2021/22	87.50%
Jul 2021/22	82.05%
Aug 2021/22	63.16%
Sep 2021/22	68.97%

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

Recommended 2021/22 Target: 70.1%

Past BCF Performance 2019/20:

Target: 82%

Actual: 77.5%

		19-20 Plan	19-20 Actual	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	82.0%	77.5%	70.1%
	Numerator	451	317	225
	Denominator	550	409	321

Rationale:

- COVID and the changes to the D2A pathways have impacted on performance of this target.
- we are seeing lower numbers of older people coming down the pathway, though activity is starting to increase
- due to a reduction in elective admissions we are seeing a higher acuity of need post discharge which has impacted outcomes.
- we have a low level reablement commissioned offer through British Red Cross and Care Network, which means reablement tends to pick up higher acuity of need packages which impacts on outcomes.
- There is a continued significant investment in reablement provision, and reablement is the default pathway for discharges and there is a growing focus on community referrals to avoid admission.
- Nationally, the England average performance decreased from 79.5% in 2019/20 to 74.9% in 2020/21
- 2020/21 performance was 70.4%. Current indicative performance in 2021/22 to date is below, but final year end data will be based on Q3 snapshot performance:

Fiscal Month Year of day 91	Percentage at home after 91 days post Hospital
Jun 2021/22	100.00%
Jul 2021/22	68.75%
Aug 2021/22	69.16%
Sep 2021/22	72.03%

Older adults whose long-term care needs are met by admission to residen tial or nursing care per 100,000 - **Peterborough**

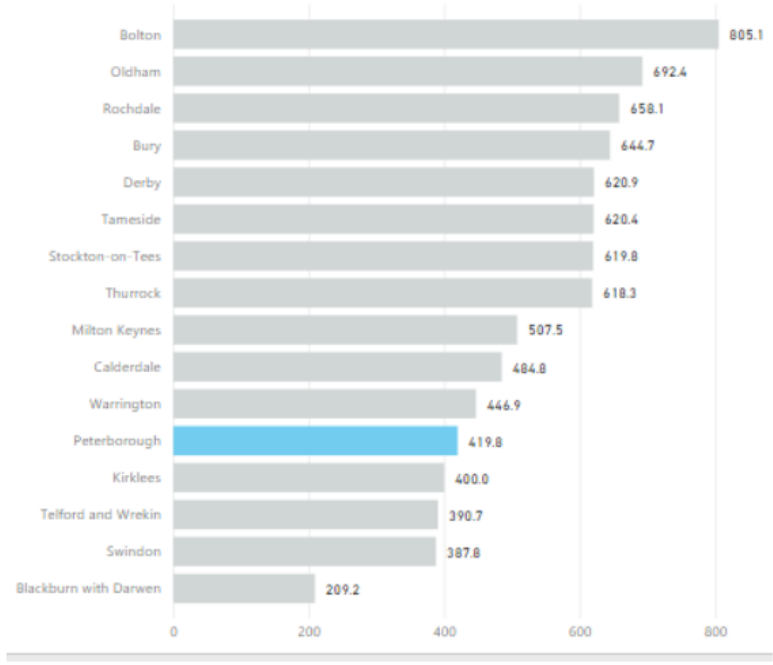
Recommended 2021/22 Target: 428

Past BCF Performance 2019/20:

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	424	376	420	428
	Numerator	128	113	128	134
	Denominator	30,190	30,051	30,493	31,287

Rationale:

- We have continued to maintain a low rate of residential admissions
- Targets have been set to remain comparatively low, but to rise slightly accounting for an increase in demand similar to previous years, due to continuing evidence of increased acuity of needs.
- Target is based on 6% increase based on the numbers we are seeing coming through short stay to permanent.
- Current 2021/22 data is indicating c. 88 placements in the 1st 7 months. If this trend continued then we would see a larger increase of c.150 if the trend continued for the full year.
- Current performance compares well to regionally.
- Focus on prevention and early intervention to avoid/delay residential admissions, including Technology enabled Care, Enhanced Response Service expansion, new models of place-based delivery (e.g. Caring Together, Independent Living Services) and strength based practice embedded.



Older adults whose long-term care needs are met by admission to residen tial or nursing care per 100,000 - **Cambridgeshire**

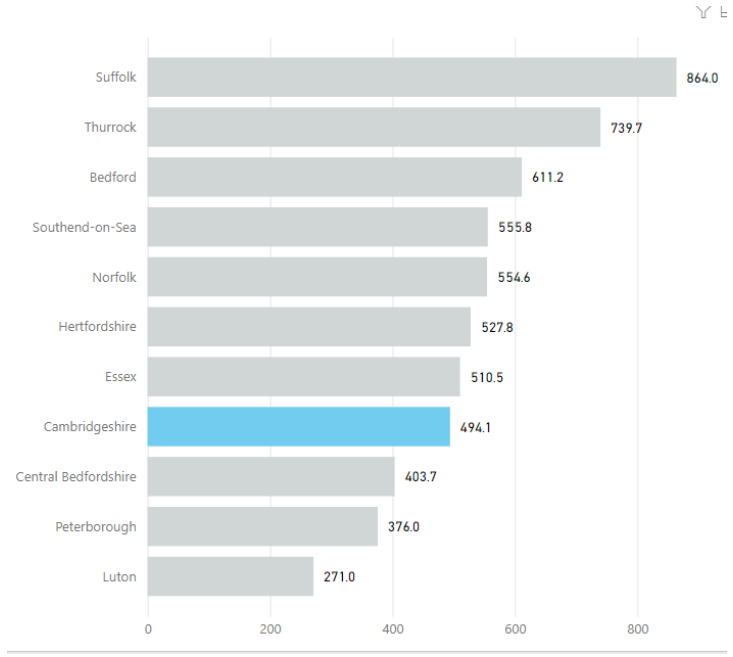
Recommended 2021/22 Target: 438

Past BCF Performance 2019/20:

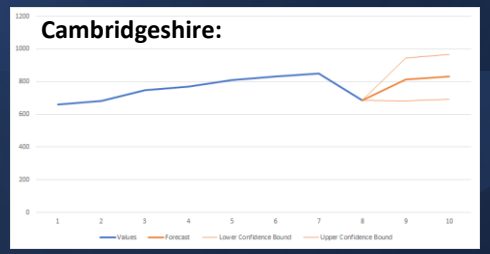
		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	473	494	419	438
	Numerator	594	619	534	566
	Denominator	125,656	125,275	127,322	129,278

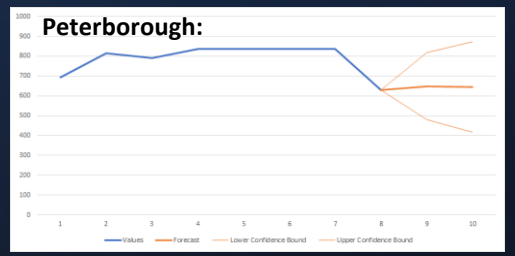
Rationale:

- We have continued to maintain a low rate of residential admissions
- Targets have been set to remain comparatively low, but to rise slightly accounting for an increase in demand similar to previous years, due to continuing evidence of increased acuity of needs.
- Target is based on 6% increase based on the numbers we are seeing coming through short stay to permanent.
- Current 2021/22 data is indicating an increase in demand going up.
- Current performance compares well to regionally.
- Focus on prevention and early intervention to avoid/delay residential admissions, including Technology enabled Care, Enhanced Response Service expansion, new models of place-based delivery (e.g. Caring Together, Independent Living Services) and strength based practice embedded.



Avoidable admissions – unplanned hospitalisation for chronic ambulatory care sensitive conditions





Recommended 2021/22 Target:

Cambridgeshire: Annual rate 830.6
Peterborough: Annual rate 784.6

Rationale:

- The table below compares local SUS data for 19/20 against the data pack provided by NHSX. The national average rate per 100,000 population for 19/20 is 896.52 as per NHSX data.

HWB	NHSX 19/20	Local SUS 19/20	Actual 20/21	Plan 21/22
Cambridgeshire	825.2	851.6	685.8	830.56
Peterborough	935.0	836.4	630.3	784.55

- Although Cambridgeshire rate is below national average, based on local historical data, the rate has increased year on year since 2013/14 from 659.21 per 100,000.
- In Peterborough, the rate has remained steady between 835-837 per 100,000 since 2016/17, the local data being significantly below the information provided by NHSX.
- 2020/21 was an exceptional year with a significantly lower number of unplanned admissions due to the covid pandemic. Therefore the 2021/22 proposed plan is based on a mid-point projection of local data.
- The Cambridgeshire and Peterborough system has the following in place to support:
  - An established UCR service supporting Primary Care, Community Services and the Out of Hours service. The service works with ED to identify patients who can be supported in the community without being admitted.
  - Local Primary care led scheme in the North to allow ambulance crews to access health and social care support for up to 5 days to allow the patient to remain at home with support who would otherwise be conveyed
  - Enhanced Support Service (ERS) – A local authority led service providing input into patients who have called/triggered their lifeline call system (normally following a fall) – this service provides direct rapid response either via telephone/F2F to rapidly intervene to avoid an ambulance being called/dispatched
  - NHS 111 validation of 999/ED call dispositions by a GP to avoid an ambulance dispatch.
  - Dedicated NHS 111 clinical assessment service (CAS) to facilitate Minor injury assessment and consultant opinion
  - Dedicated Palliative care helpline via NHS 111 direct to a specialist palliative care nurse
  - Dedicated Mental Health first response service via NHS 111 Option 2 for people experiencing a MH Crisis
  - Review/refresh of the NHS 111 Directory of Services – to ensure that patients can be provided with the most up to date information on services other than Hospital following a call to NHS 111 or 999
  - Ensuring that all MIUs are staffed and open to provide an alternative urgent care pathway to that of hospital
- Moving towards an ICS and the work on system recovery priorities focusing on Long Term Conditions which affect the group of patients in this metric. This is supported by our strategic approach to place-based delivery via integrated neighbourhoods to ensure that people are supported in their communities to remain independent for as long as possible. The development of pilot projects extending the scope of the current UCR service and considering the use of digital technologies to enable conditions to be effectively managed at Home are being developed.

Reducing length of stage in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days

Recommended 2021/22 Target:

Cambridgeshire:

Quarter	14 Day Target	21 Day Target
Q3	12.8%	6.81%
Q4	14%	7.41%

Peterborough:

Quarter	14 Day Target	21 Day Target
Q3	12%	6.2%
Q4	12.3%	6.6%

Rationale:

- Local Cambridgeshire data for 2021/22, Q2 is 12.8% (14+ days) in, the planned target for Q3 is to hold the same position. Historically performance decreases in Q4 due to winter pressures, although an increased target when comparing the performance in Q4 to Q1, this represents an increase 2.36% which is less than the actual increase of 3.07% in 2020.21.
- Local data for 2021/22, Q2 is 12% (14+days) in Peterborough, also the plan is to hold the same position in Q3, with an increased target in Q4, due to the current pressures in the system with a target lower than 2020/21 Q4 actual of 12.69%.
- The BCF funding enables, continued support from Community Services, Local Authority and Voluntary Sector in the timely discharge of patients from hospital. Building on the integrated ways of working established during the pandemic, ECIST and NESTA are supporting the system to transform discharge pathways, introduction of 100 day discharge challenge and 'push and pull' pilot models.
- The BCF funding enables the Local Authority to ensure there is sufficient capacity in the system to reduce delays. An approach being worked on is changing the way Domiciliary Care is commissioned to deliver at place.
- To improve patient flow the Trusts will review their internal processes and to identify other reasons for delays in discharge.
- For the remainder of this year these targets will be particularly challenging as services recover to reduce backlogs, NEL Admissions in Peterborough are back to 2019/20 levels whilst managing the continued effects of covid. Workforce within the hospitals is reduced to covid and capacity in the community is limited. In addition, it should be noted that Peterborough and Cambridgeshire have been designated as Enhanced Response Areas due to the particular challenges we are experiencing relating to covid.
- During the winter there is additional investment in the voluntary sector to support patients being discharged from our local hospitals, including QEHKL.

Improving the proportion of people discharged home using data on discharge to their usual place of residence

Recommended 2021/22 Target:

Cambridgeshire: 95%
Peterborough: 95%

Rationale:

- The 2021/22 plan of 95% to discharge patients to their usual place of residence for both Cambridgeshire and Peterborough, is based on the projected upper confidence level of local SUS data. In the last 12 months the actual percentage discharged was 91.01% in Cambridgeshire and 91.6% in Peterborough.
- The accuracy of this data is not assured due to 'discharge to usual place of residence' being the default. Further discussions will be required for assurance on the data and what validation methods are used.
- The system are currently reviewing the Discharge pathways 0 and 1 which will support the delivery of this target.