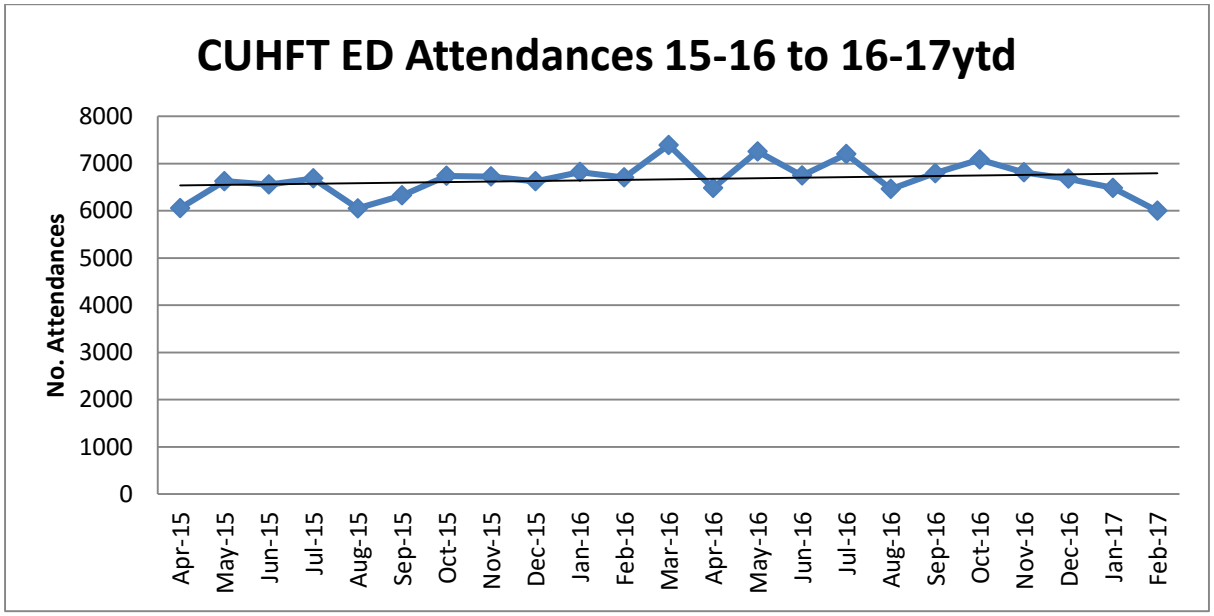
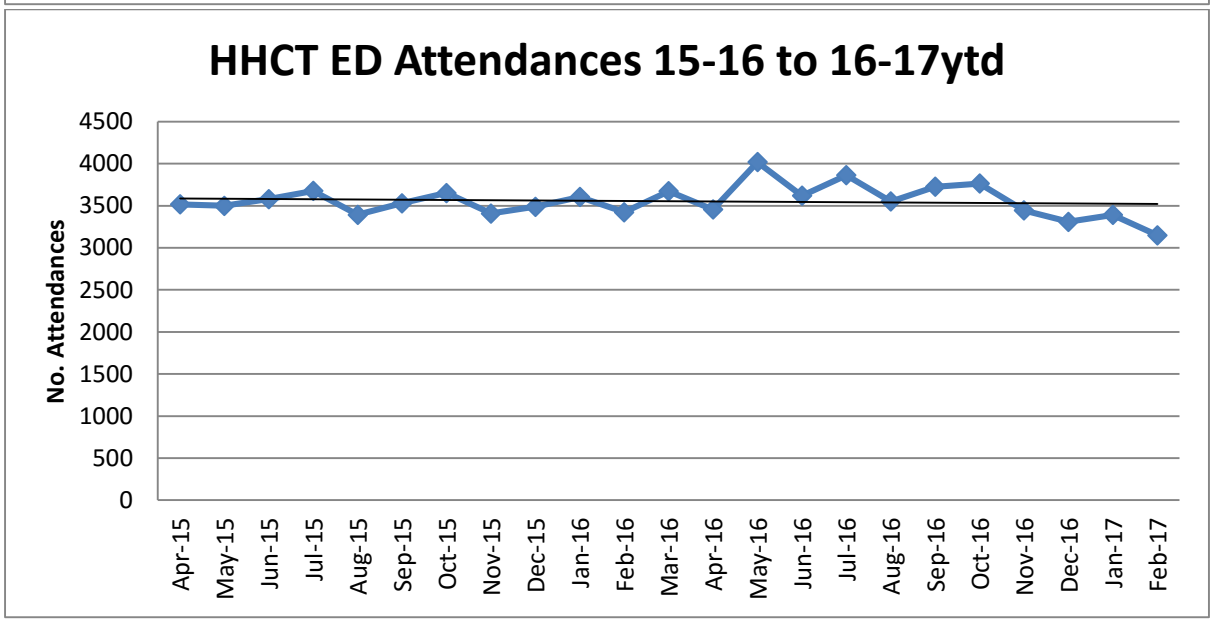
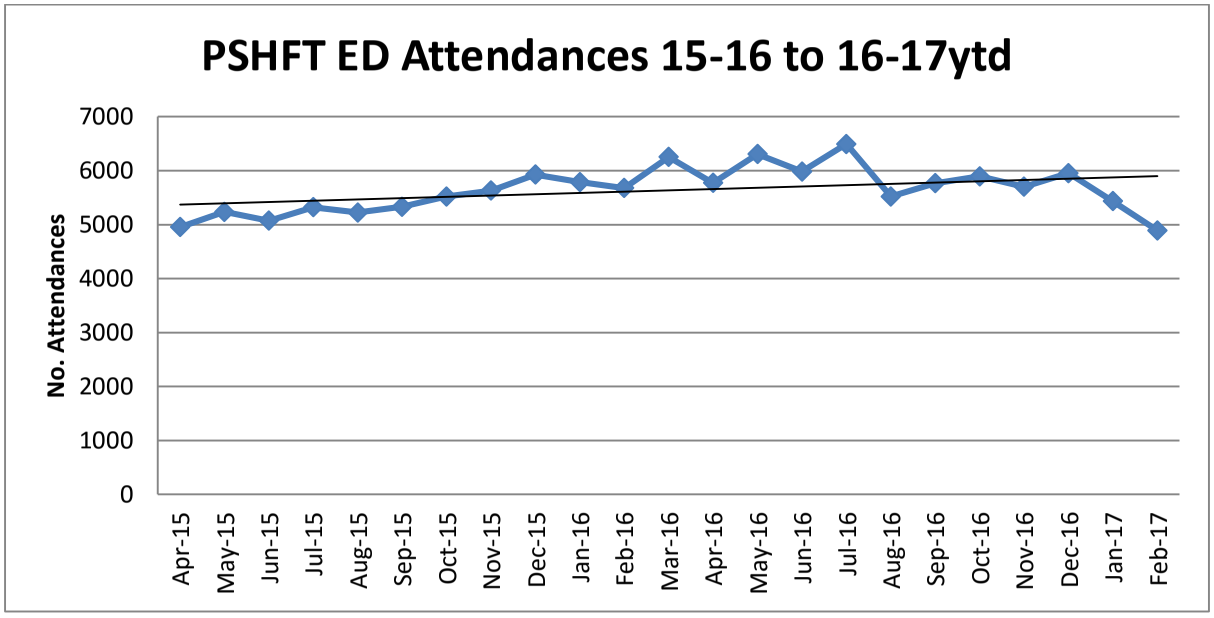
BCF Supplementary Report on Health Data to H&WB Board
2015/6 – 2016/7

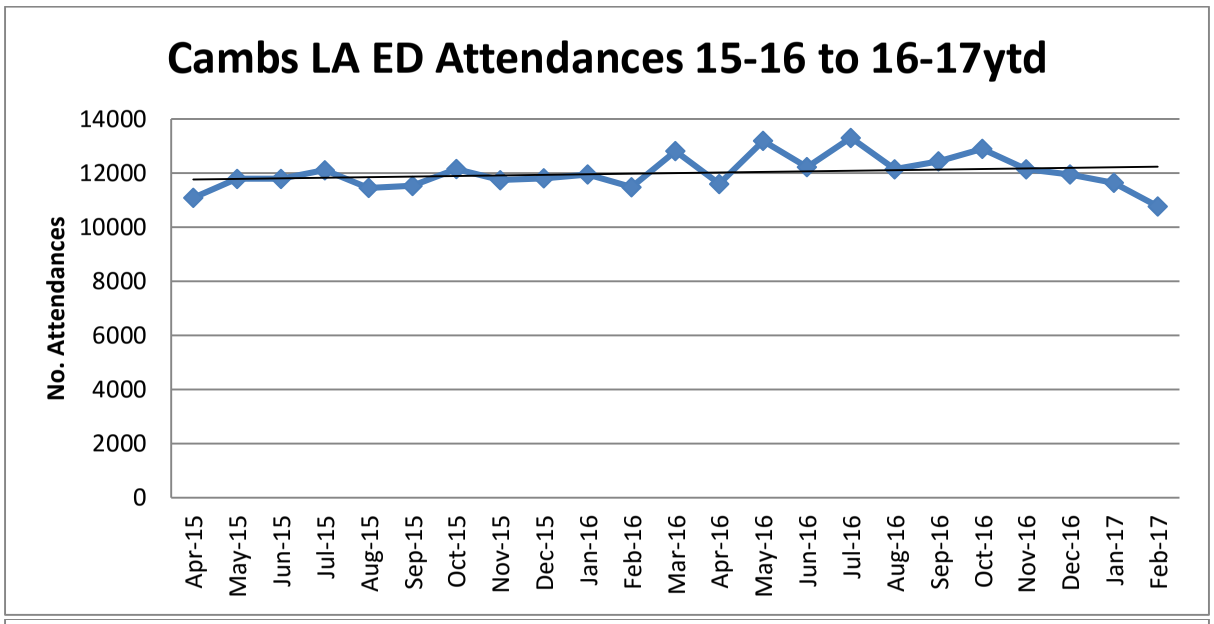
1. Emergency Department (ED) Attends

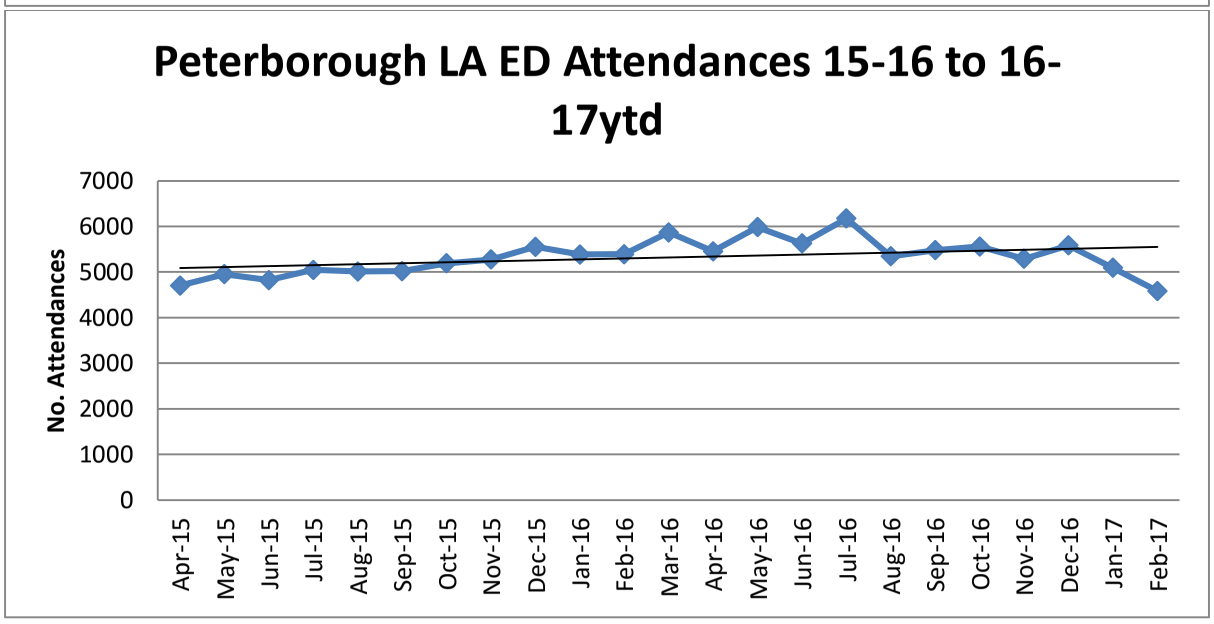
1.1 Charts - Main Providers & Local Authority

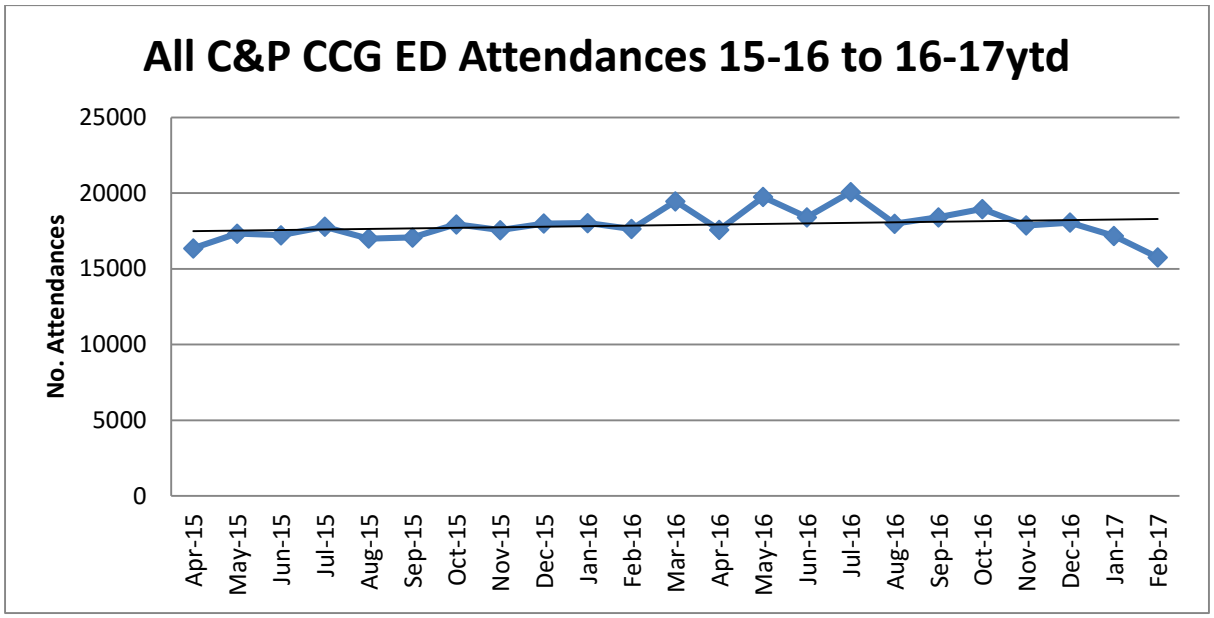





PSHFT ED Attendances 15-16 to 16-17ytd
No. Attendances
7000
6000
5000
4000
3000
2000
1000
0
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17


Cambs LA ED Attendances 15-16 to 16-17ytd
No. Attendances
14000
12000
10000
8000
6000
4000
2000
0
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17


Peterborough LA ED Attendances 15-16 to 16-17ytd
No. Attendances
7000
6000
5000
4000
3000
2000
1000
0
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17



1.2 Narrative Providers & Local Authority ED Attends

All graphs show identical trend patterns. 15-16 activity remains relatively flat albeit with monthly and seasonal variation. Attendances then start to increase in peaks and troughs before starting to drop off again around October 2016 to date. Services that have had impacts are as follows:

JET:
Began operating in April 2016 but was seeing a lot of primary care activity to begin with, mainly through GP referrals, as opposed to providing admission avoidance treatment to the right patient cohorts.

Improved access, referral numbers and treatment volumes for admission avoidance activity are seen since September 2016 and still rising, suggesting that JET is a key driver behind ED activity trends dropping off.

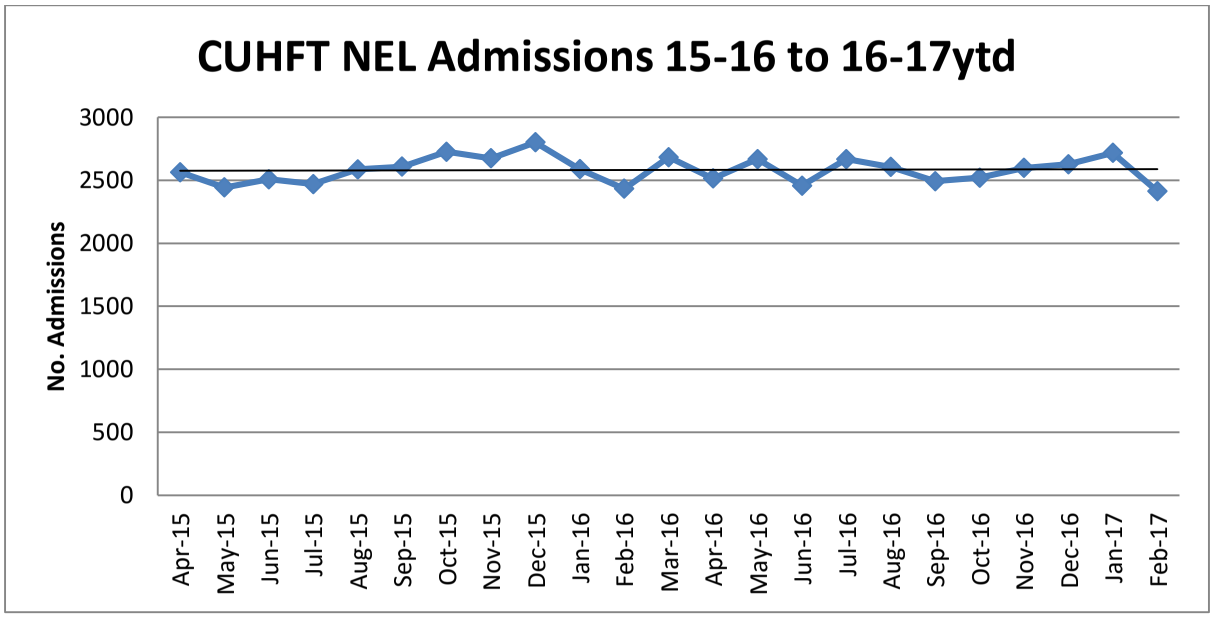
Mental Health Crisis Assessment and First Response:
The service started up in the Cambridge area only, extending to full CCG coverage from September 2016. Like JET, these timescales are also in line with ED attendance reductions and we have seen reductions specifically in mental health coded ED attendances . The children and young people element of the service started operating from December 2016.

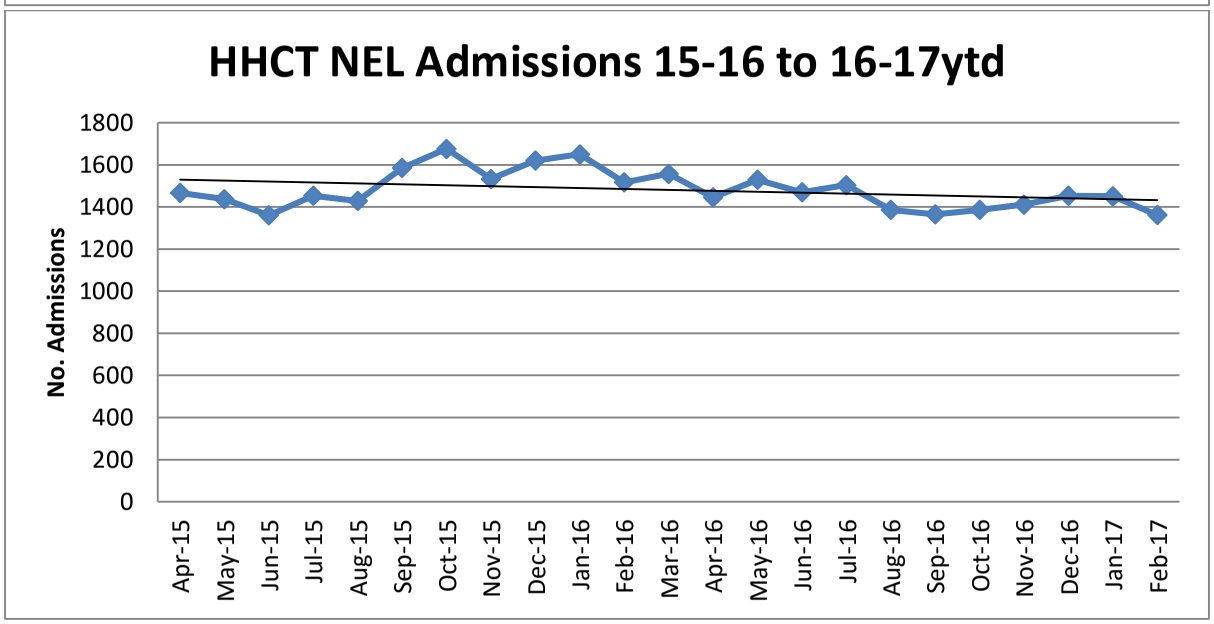
Hear & Treat and See & Treat:
New Regional targets for the Ambulance Service (EEAST) to increase their rates of see & treats and hear & treats has seen an increase in the numbers of patients NOT being conveyed to ED following an ambulance call / dispatch.
The target has been in effect since December 2016 thus we are anticipating further reductions of ambulance ED conveyances.

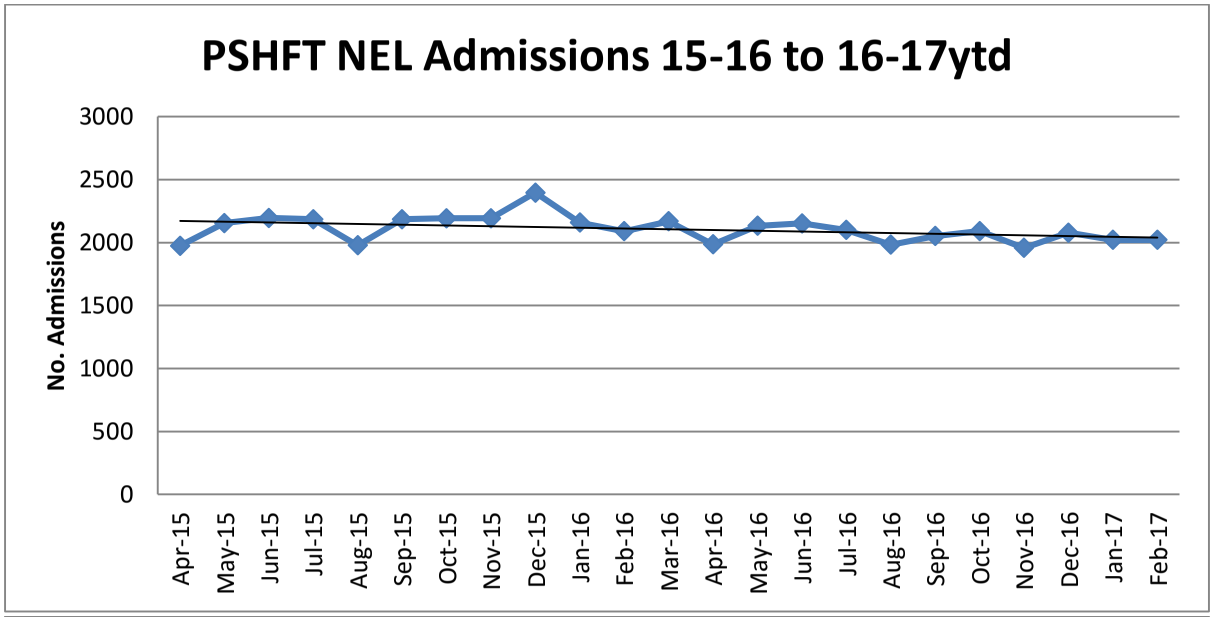
NHS 111 / IUC:
GPs have been reviewing ED and green ambulance dispositions in the NHS 111 call centre since 2014. From April 2016, these reviews were being undertaken by a range of clinical specialists as well which has led to an increase in the number of patients being urged to self care and attend other primary care services instead of accessing the ED.

2. Non Elective Admissions (NEL)

2.1 Charts - Main Providers & Local Authority






PSHFT NEL Admissions 15-16 to 16-17ytd
No. Admissions
3000
2500
2000
1500
1000
500
0
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
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Jul-16
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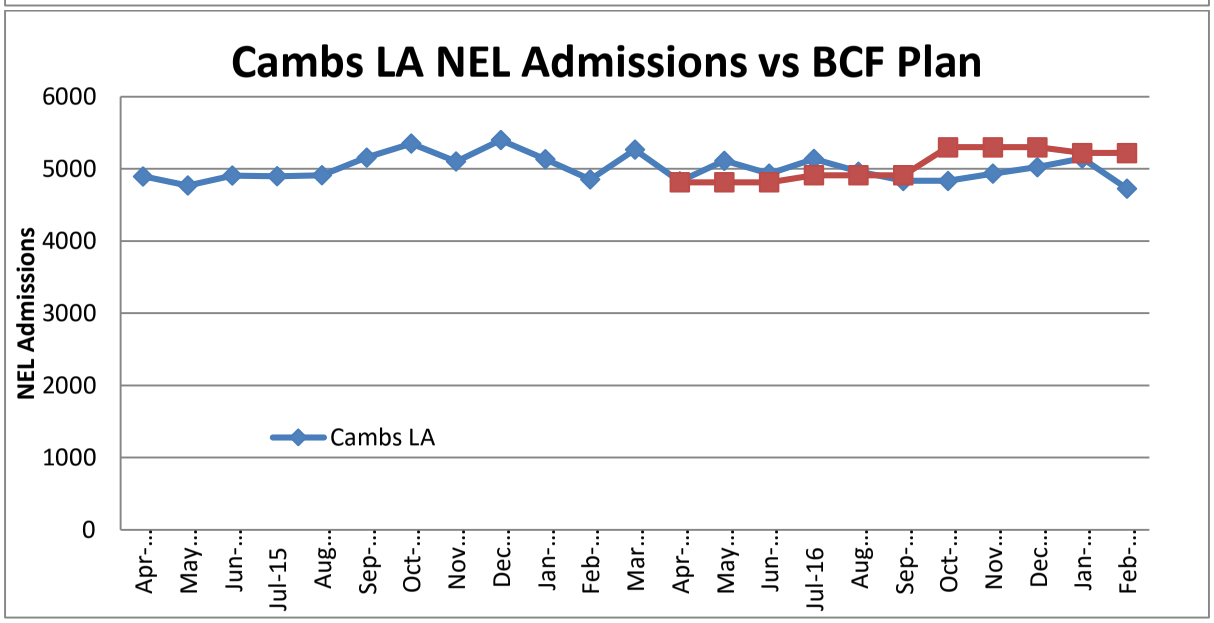
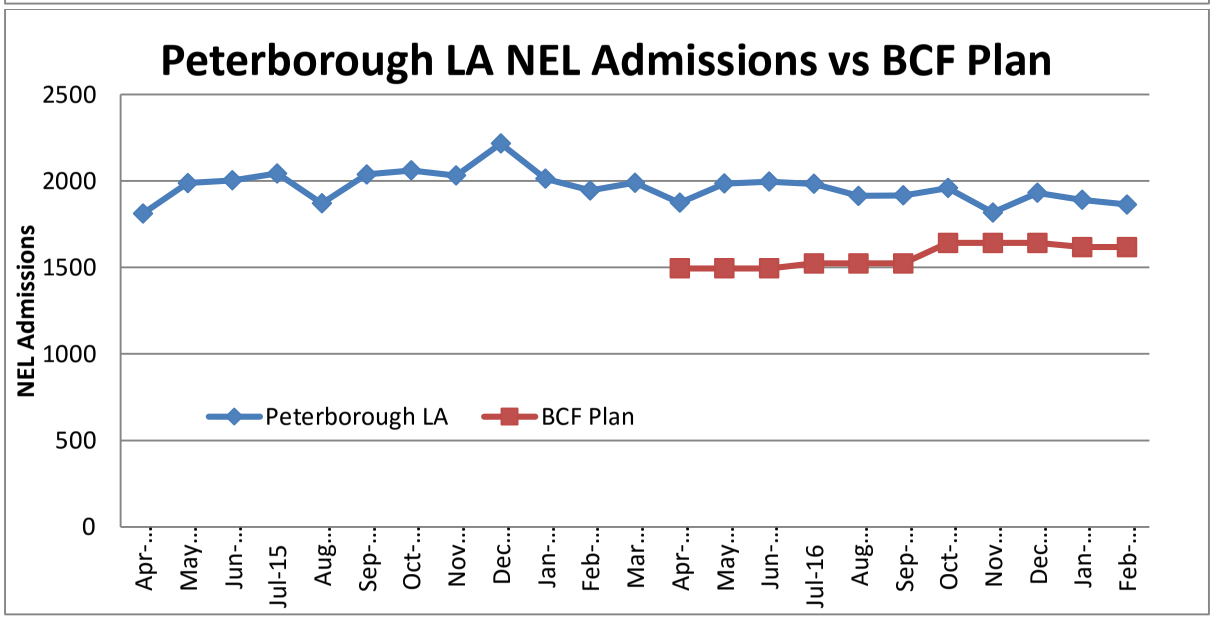
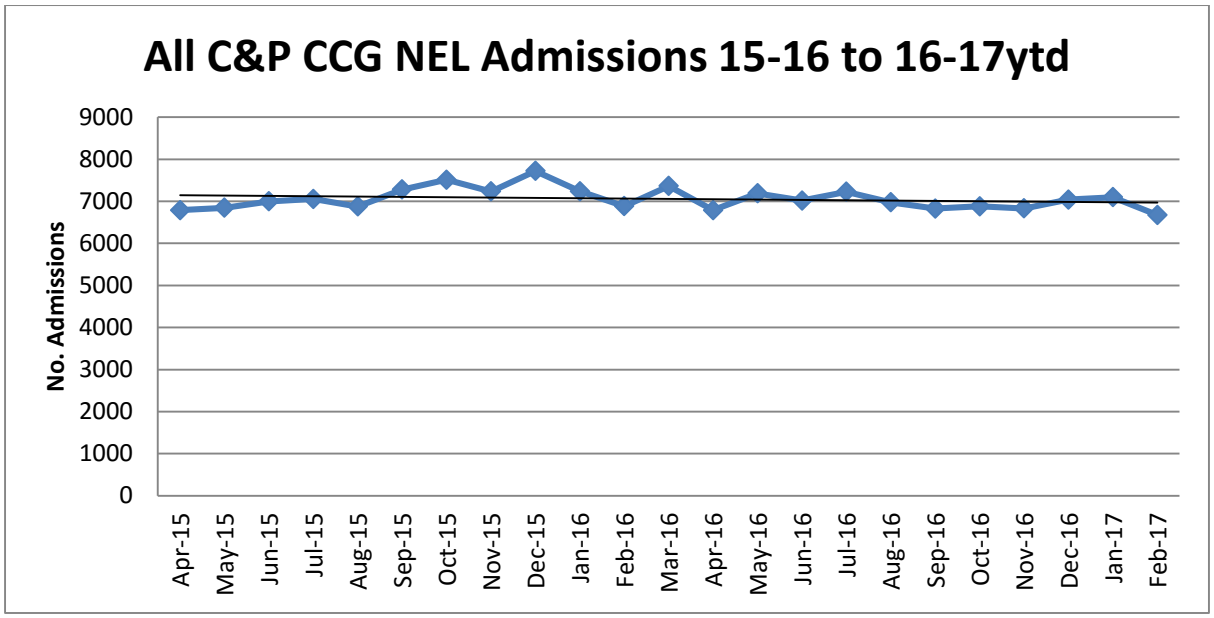
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17


Cambs LA NEL Admissions vs BCF Plan
NEL Admissions
6000
5000
4000
3000
2000
1000
0
Cambs LA
Apr-...
May...
Jun-...
Jul-15
Aug...
Sep-...
Oct-...
Nov...
Dec...
Jan-...
Feb-...
Mar...
Apr-...
May...
Jun-...
Jul-16
Aug...
Sep-...
Oct-...
Nov...
Dec...
Jan-...
Feb-...


Peterborough LA NEL Admissions vs BCF Plan
NEL Admissions
2500
2000
1500
1000
500
0
Peterborough LA
BCF Plan
Apr-...
May...
Jun-...
Jul-15
Aug...
Sep-...
Oct-...
Nov...
Dec...
Jan-...
Feb-...
Mar...
Apr-...
May...
Jun-...
Jul-16
Aug...
Sep-...
Oct-...
Nov...
Dec...
Jan-...
Feb-...



2.2 Narrative Providers & Local Authority NEL Admissions

Figures are from SUS data, which is different to the monthly activity reports (MAR) which the BCF Quarterly reports are based upon. Admission volumes across the patch are reducing with slight provider trend variation. Cambridgeshire LA is currently under plan for activity, but Peterborough LA is above. The services detailed below have had the following impacts on NEL admission activity this year:

JET:
Began operating in April 2016 but was seeing a lot of primary care activity to begin with, mainly through GP referrals, as opposed to providing admission avoidance treatment to the right patient cohorts.

Improved access, referral numbers and treatment volumes for admission avoidance activity since September 2016 and still rising, suggesting that JET is a key driver behind the reduction in NEL admission numbers, especially in Huntingdon where this is reflected in HHCT's consistent downward trend since August 16. JET isn't so well utilised in Cambridge, which could help explain the slight increase in admissions at Addenbrooke's.

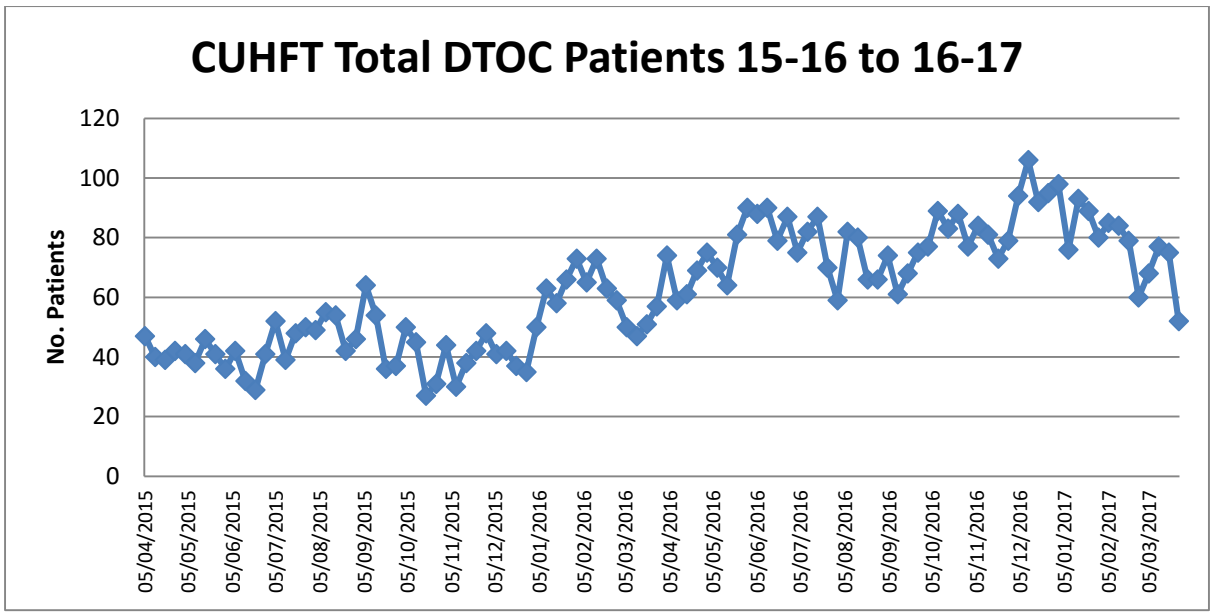
Mental Health Crisis Assessment and First Response:
The service started operating only in the Cambridge area, extending to full patch coverage from September 2016. We have seen a reduction across all providers of coded Mental Health NEL admissions, especially at PSHFT, which is reflected in their overall admission figures.

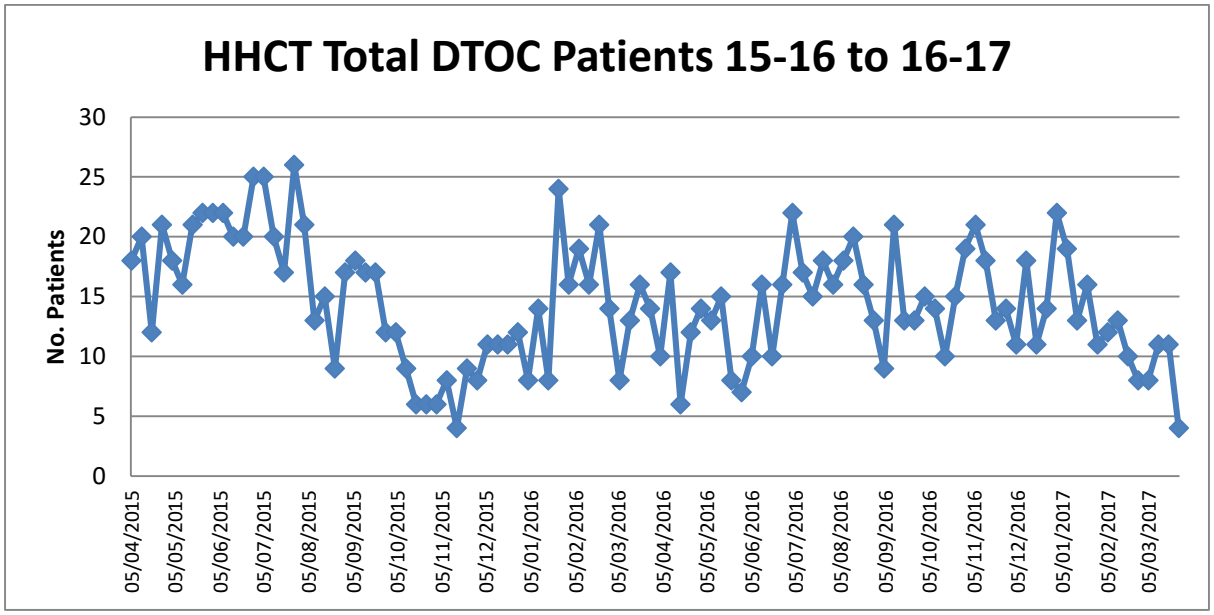
Care Homes:
The CCG's care home educator team has been working with 24 care homes in the Peterborough area since 2014 which, supported by Cambs BCF funding, has since expanded to 48 care homes across the CCG. There has been a clear reduction in NEL admissions from those care homes receiving the educator's training, especially at PSHFT where the team has been concentrated for the longest, and this is shown in the overall reduction in admissions.

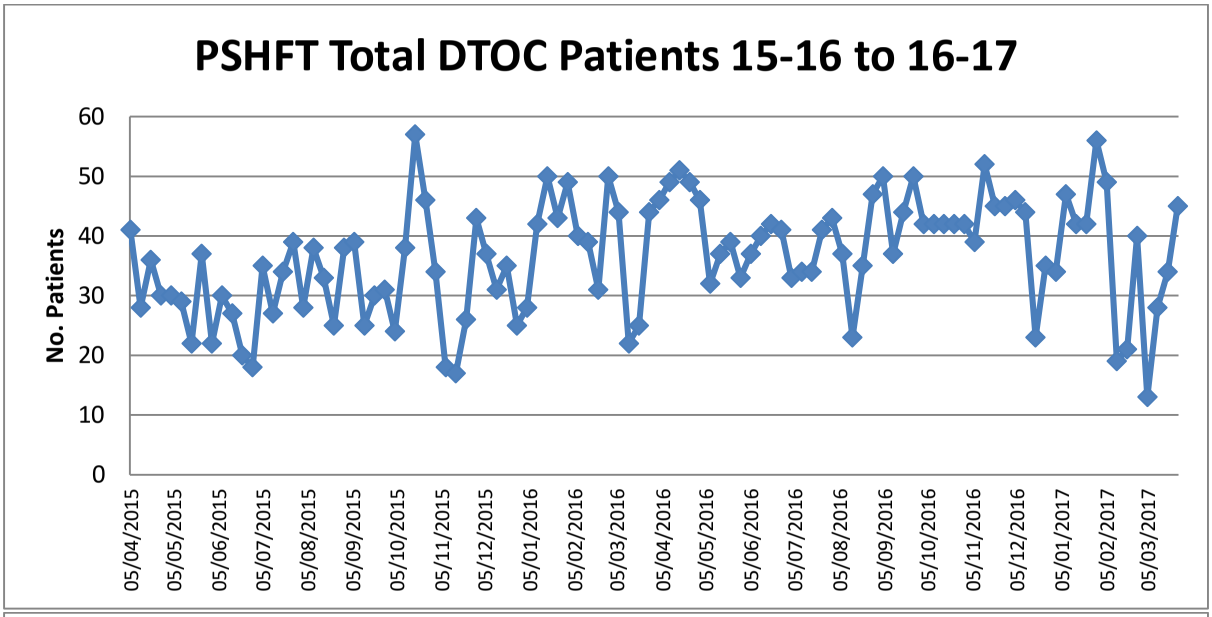
Ambulatory Care:
All three main providers currently have an ambulatory care service, streaming patients from ED to avoid potential avoidable admission. This service is more developed at PSHFT, but is slightly less so at CUHFT and HHCT although we are working closely with providers to improve this. On the same token, while PSHFT are showing around 30 potential admissions avoided per day through their ambulatory care unit, CUHFT are showing around 10 but these are slowly improving. PSHFT has shown a consistent reduction of NEL admissions since March 2016 and ambulatory care has been a key contributing factor .

3. Emergency Department (ED) Attends

3.1 Charts - Main Providers & Local Authority






PSHFT Total DTOC Patients 15-16 to 16-17
No. Patients
0
10
20
30
40
50
60
05/04/2015
05/05/2015
05/06/2015
05/07/2015
05/08/2015
05/09/2015
05/10/2015
05/11/2015
05/12/2015
05/01/2016
05/02/2016
05/03/2016
05/04/2016
05/05/2016
05/06/2016
05/07/2016
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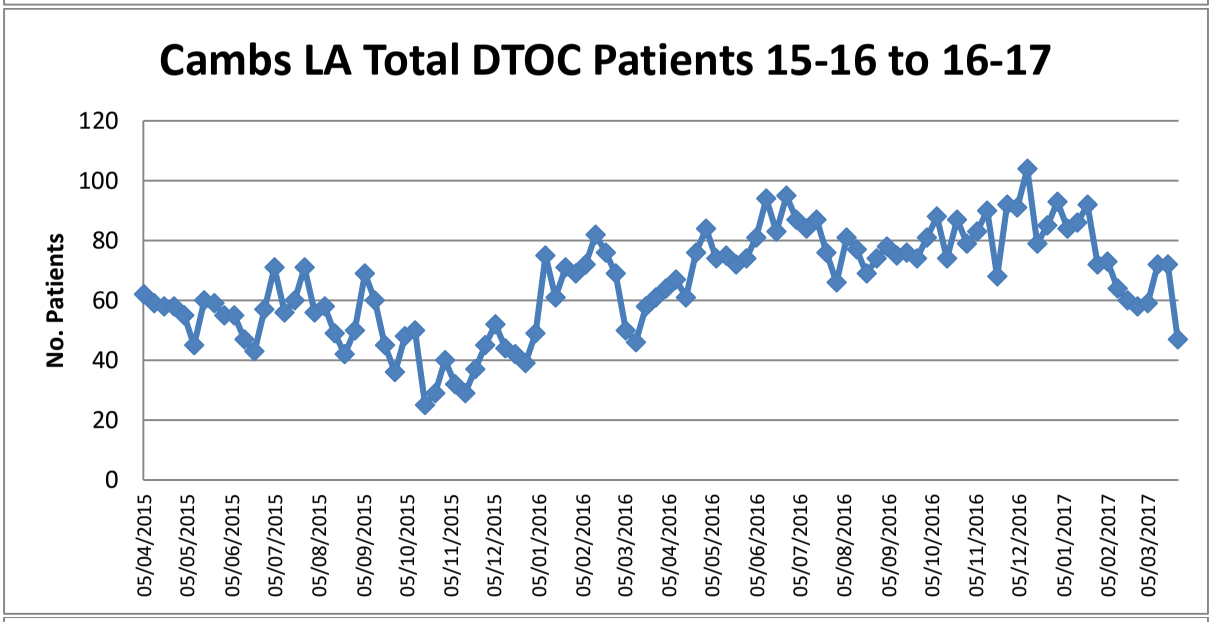
05/10/2016
05/11/2016
05/12/2016
05/01/2017
05/02/2017
05/03/2017


Cambs LA Total DTOC Patients 15-16 to 16-17
No. Patients
0
20
40
60
80
100
120
05/04/2015
05/05/2015
05/06/2015
05/07/2015
05/08/2015
05/09/2015
05/10/2015
05/11/2015
05/12/2015
05/01/2016
05/02/2016
05/03/2016
05/04/2016
05/05/2016
05/06/2016
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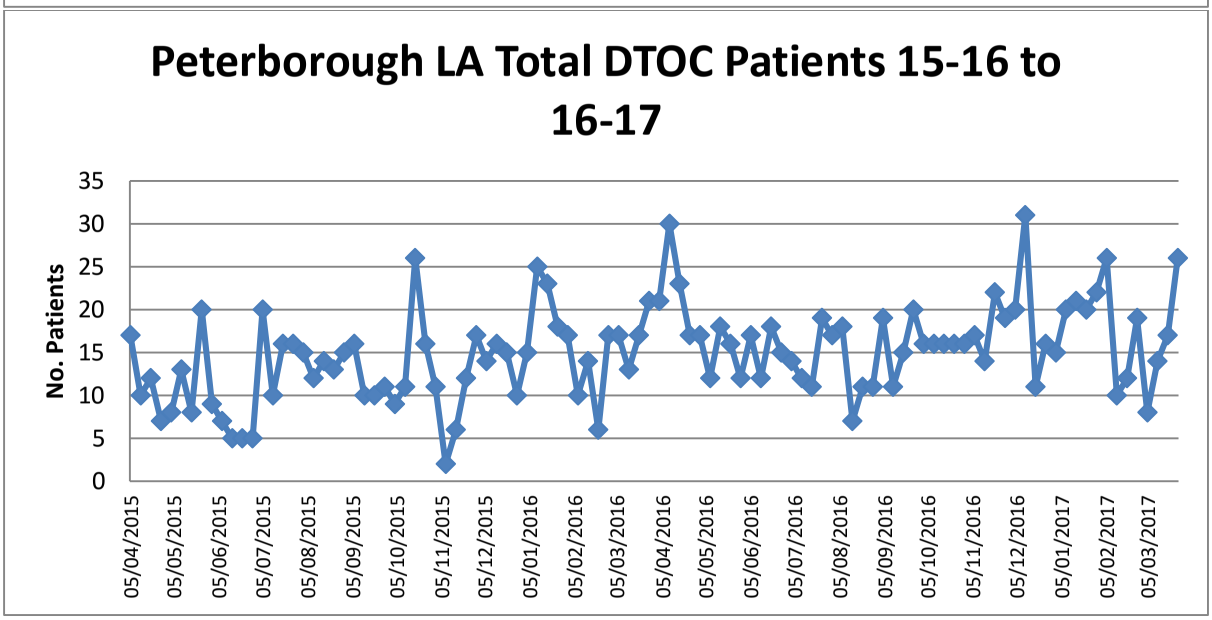
05/11/2016
05/12/2016
05/01/2017
05/02/2017
05/03/2017


Peterborough LA Total DTOC Patients 15-16 to 16-17
No. Patients
0
5
10
15
20
25
30
35
05/04/2015
05/05/2015
05/06/2015
05/07/2015
05/08/2015
05/09/2015
05/10/2015
05/11/2015
05/12/2015
05/01/2016
05/02/2016
05/03/2016
05/04/2016
05/05/2016
05/06/2016
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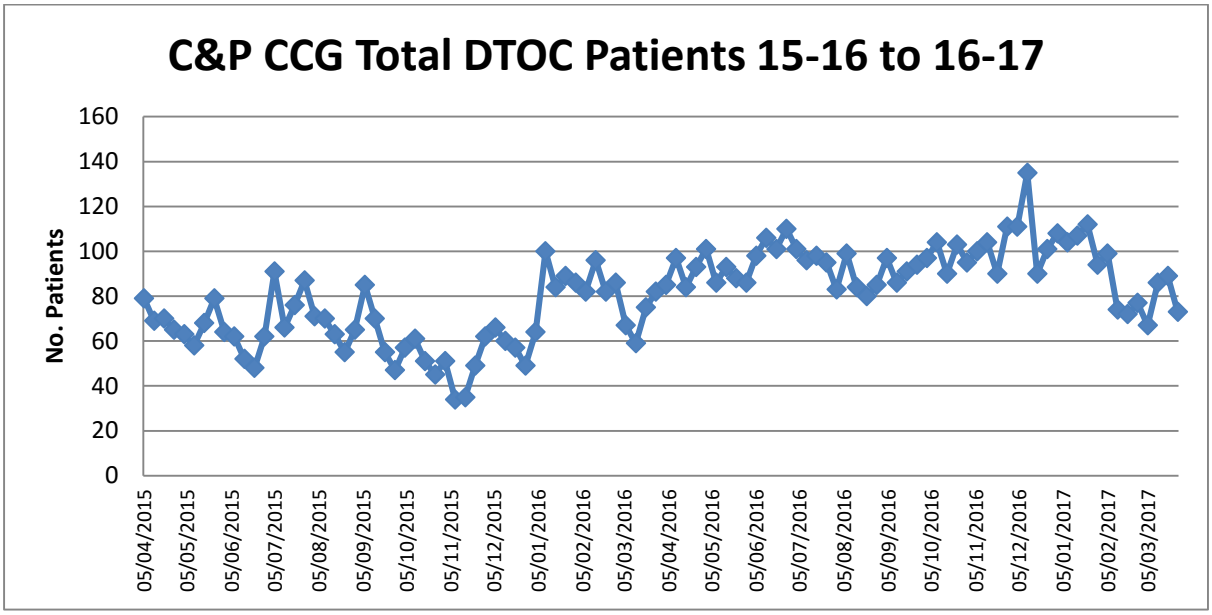
05/10/2016
05/11/2016
05/12/2016
05/01/2017
05/02/2017
05/03/2017



3.2 Narrative Providers & Local Authority DTOCS

Overall:
DTOCs have been and continue to be a real issue within the C&P system. Cambridgeshire LA DTOC patient numbers at acute providers have continued to rise since November 2015.

We have however seen this increase slow down and numbers reduce since mid January 2017. As of last week, the number of DTOC patients currently in an acute bed in Cambridgeshire LA was at its lowest point since March 2016 through reductions at both HHT and CUHFT. The numbers of DTOCs in PSHFT are still very variable.

CUHFT and PSHFT have had visits from the NHSE to discuss issues and develop action plans to reduce DTOC numbers including support with implementation of "discharge to assess" home based assessment models. This will be followed up by a progress review and support to access best practice to focus on agreeing ways to rapidly reduce DTOCs with partner organisations.

CUHFT:
In CUHFT a diagnostic programme of work started on Monday 27 March to include:

- Mapping of existing discharge planning processes including for out of county patients
- Development of streamlined process with clarity about planning, KPIs for key stages, triggers for escalation, clarity of responsibilities
- Identify issues preventing optimal utilisation of out of hospital capacity and causing backlogs into the acute sector

In addition daily escalation is still necessary to review CUH DTOCs, assess progress, troubleshoot and escalate to CEOs as required. The additional support from the national team, alongside our own working with the providers around Discharge to Assess (D2A), and daily attention to the detail have contributed to a positive impact over the past few weeks and this is expected to continue.

Hinchingbrooke Hospital:
has seen a steady reduction in DTOCs since December 2016. Actions taken to reduce the delays include an additional two additional interim beds, increased health at home packages (through Beaumont Healthcare) from 35 to 50, daily DTOC review meetings

between all providers to identify most suitable pathway for patient early in the planning, daily escalation calls between senior managers, introduction of Discharge to assess (D2A) supported by using continuing health care block purchase of beds and hospital at home packages.

PSHFT:
DTOCS have risen over the last year, in part due to the Care Act which has led to an increase in the number of patients being continuing healthcare (CHC) 'checklisted' resulting in a 'positive checklist' whereby a patients is then required to undergo a full CHC process before they can leave hospital. The lack of available care provision across certain parts of the County in particular has driven up the number of patients waiting for discharge, or unable to be discharged from re-ablement causing blockages in the system and to patient flow. Improved counting and coding of DTOCs to give a truer reflection of the position has meant more DTOCs counted.

However, there has been improvement in DTOC numbers over the last 3 months due to:

-rolling out discharge to assess on a large scale (all wards at PSHFT and HHCT, 5 wards at CUHFT) on a discharge to assess at home pathway
-use of provision to 'bridge' packages to facilitate discharge
-use of an increased number of interim placement beds
-revised CHC team structures to speed up delays in the CHC process
-focus on out of area DTOC for CUHFT

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