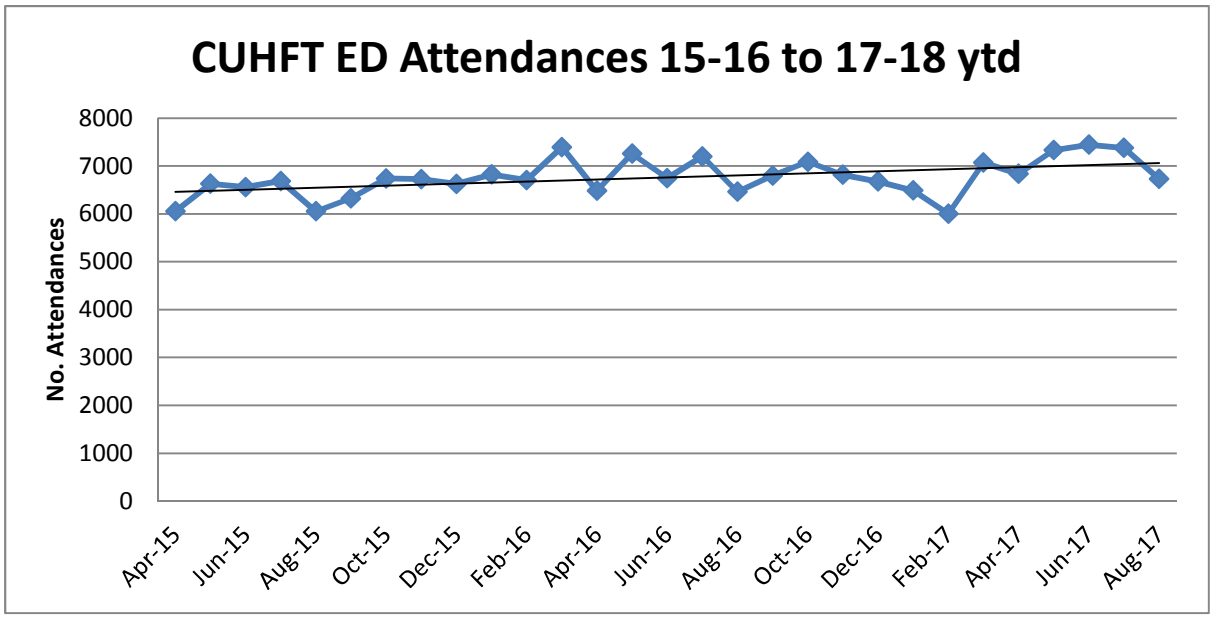
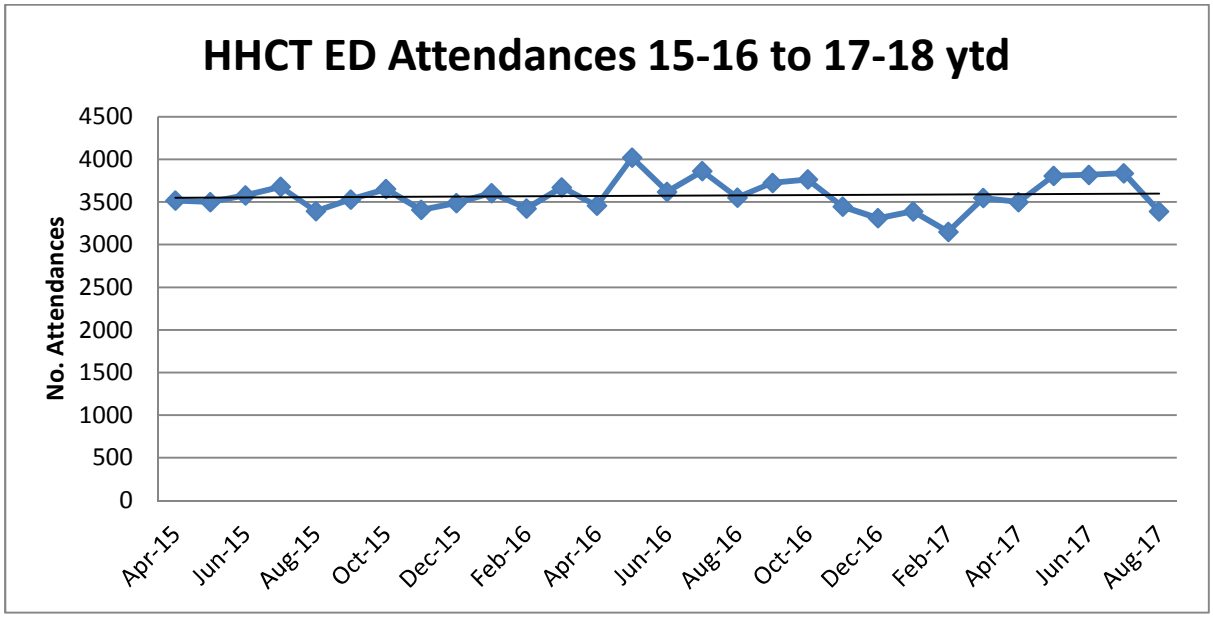
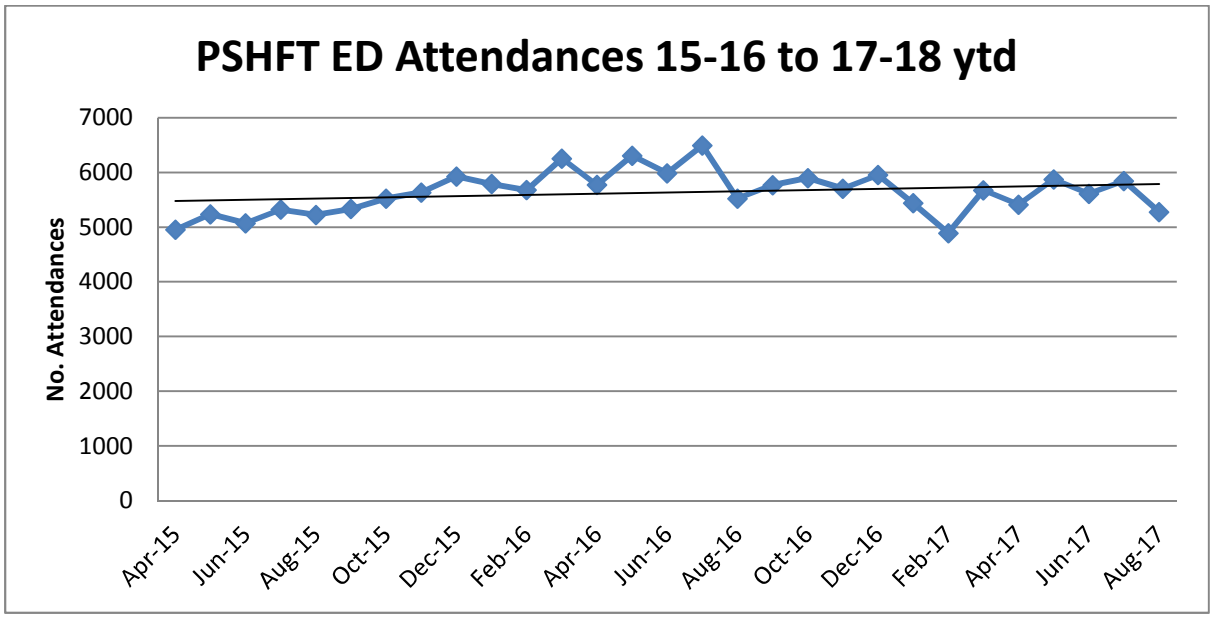
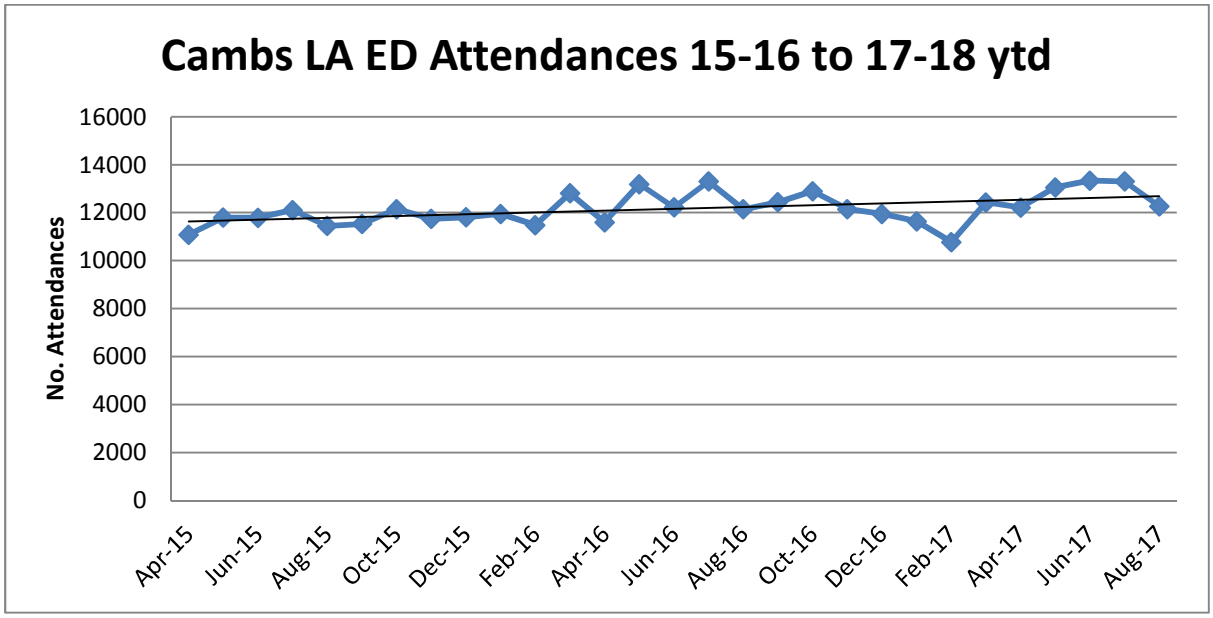
Better Care Fund (BCF) Supplementary Report on Health Data to H&WB Board
2015/16 – 2017/18 YTD (August)

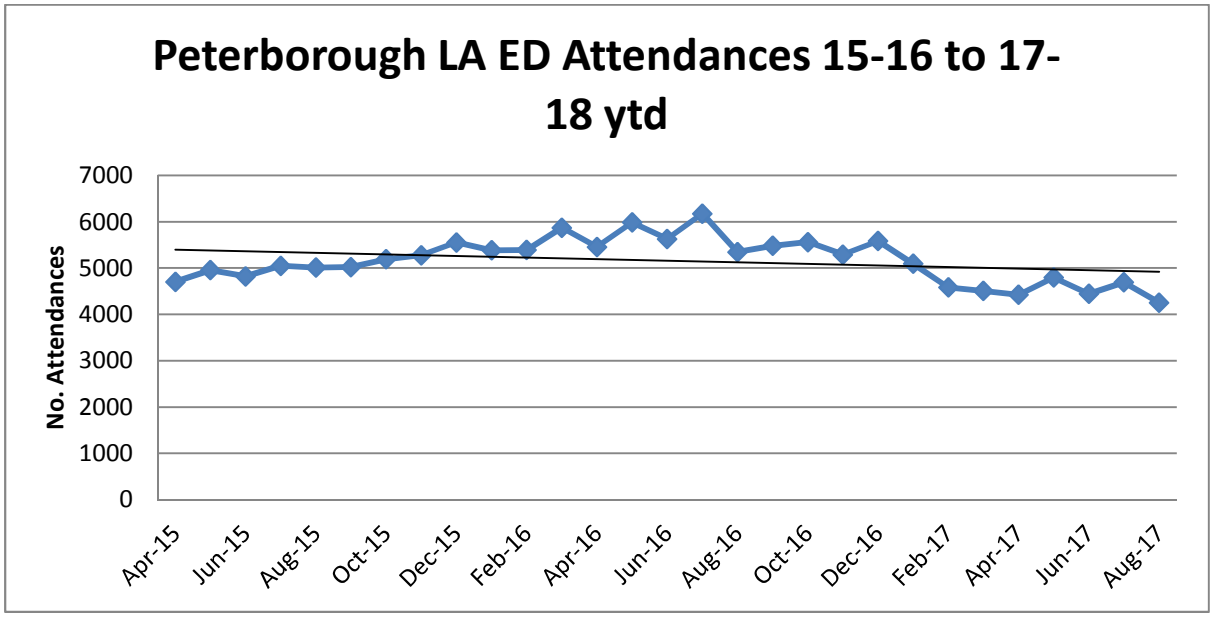
1. **Emergency department (ED) Attends**
    a. **Charts – Main Providers & Local Authority**

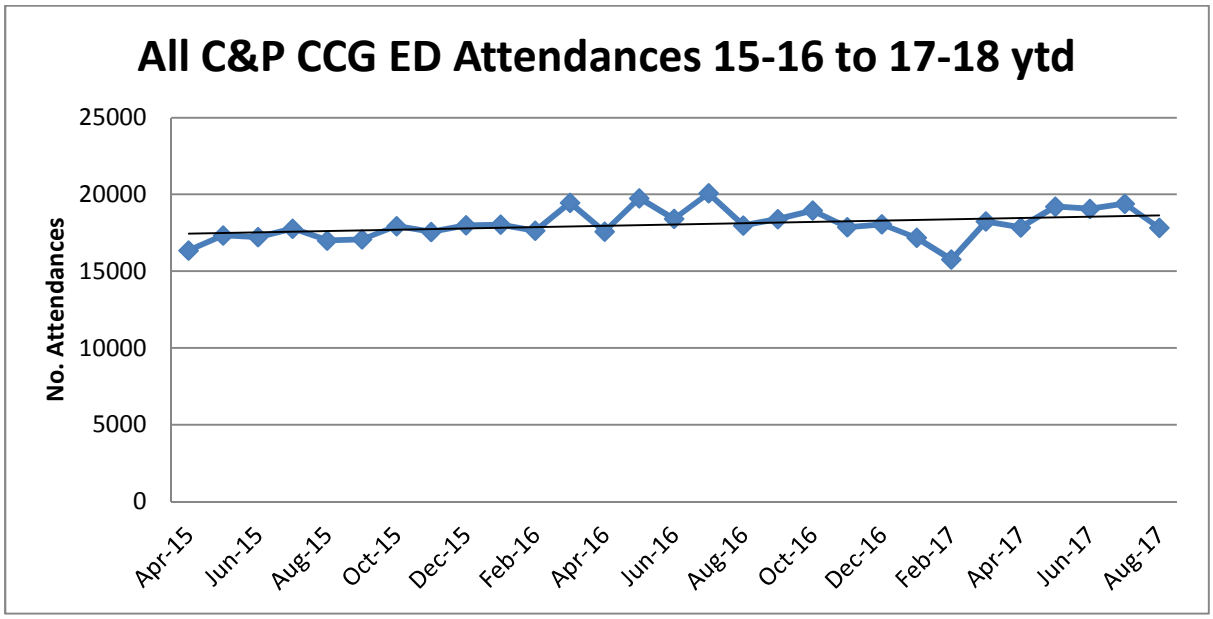





PSHFT ED Attendances 15-16 to 17-18 ytd
No. Attendances
7000
6000
5000
4000
3000
2000
1000
0
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17


Cambs LA ED Attendances 15-16 to 17-18 ytd
No. Attendances
16000
14000
12000
10000
8000
6000
4000
2000
0
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17


Peterborough LA ED Attendances 15-16 to 17-18 ytd
No. Attendances
7000
6000
5000
4000
3000
2000
1000
0
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17



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 in August 2017. 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.

The criteria for JET has been refined to now focus on admissions avoidance. Since the adoption of this new criteria, independent GP audits of JET activity have demonstrated an increase in the genuine and verified admission avoidance rate from 28% to 42%. At the same time a robust communications and engagement plan with GPs and other referrers has led to an improved referral and utilisation rate for the JET service. Both admission avoidance and utilisation rates are currently rising.

The JET service recruitment process has been ongoing and so far has been on track to achieve the target for numbers of new staff recruited to deliver the new expanded service. The first phase of including an Intermediate Care Worker service within JET began from the beginning of October

Mental Health Crisis Assessment and First Response:
FRS provides a comprehensive crisis assessment pathway, covering all ages, and providing a genuine alternative to A&E. From its inception the service has demonstrated that it can reduce A&E attendance and therefore provide savings for the urgent and emergency care system, as well as improve patient care and safety. The service has demonstrated an immediate decline in the use of ED for MH with a 20% reduction in attendance despite the local context of many years of rapidly increasing figures.

NHS 111 / IUC:
There is provision in the IUC contract for a GP to be in the IUC call center to review ED dispositions and green ambulance with a view to downgrading the disposition to a more clinically appropriate pathway and thus avoiding unnecessary conveyances/ED attendances.

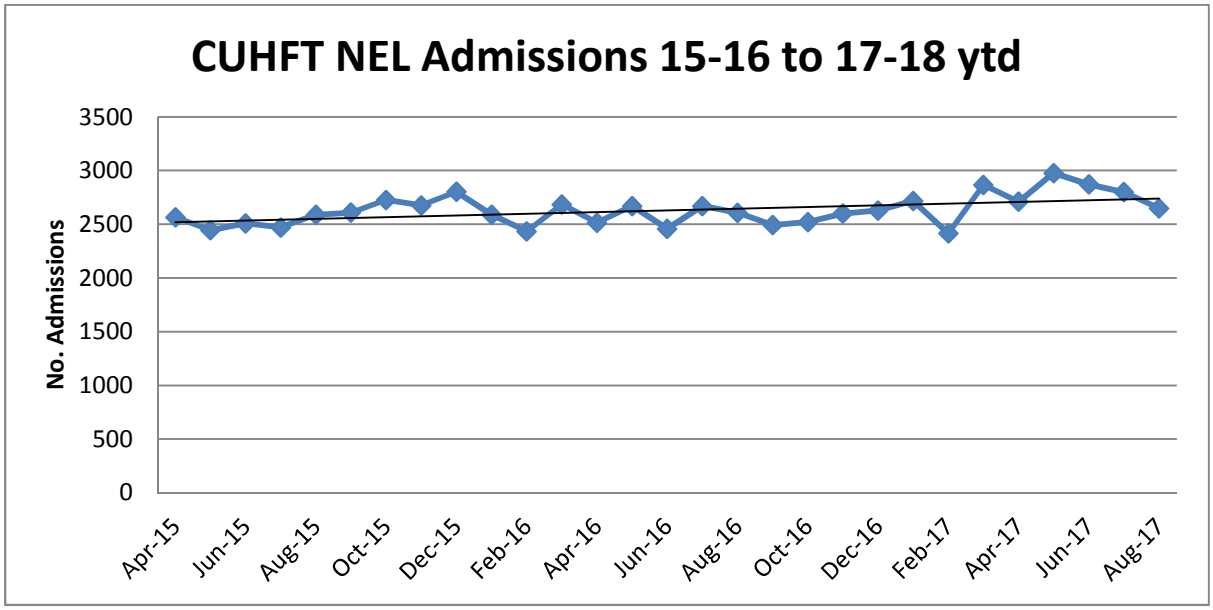
In addition, at peak OOH times there are pharmacist and dental nurse capacity to enable patients calling NHS 111 to be directed (warm transferred) to a clinician to get advice and

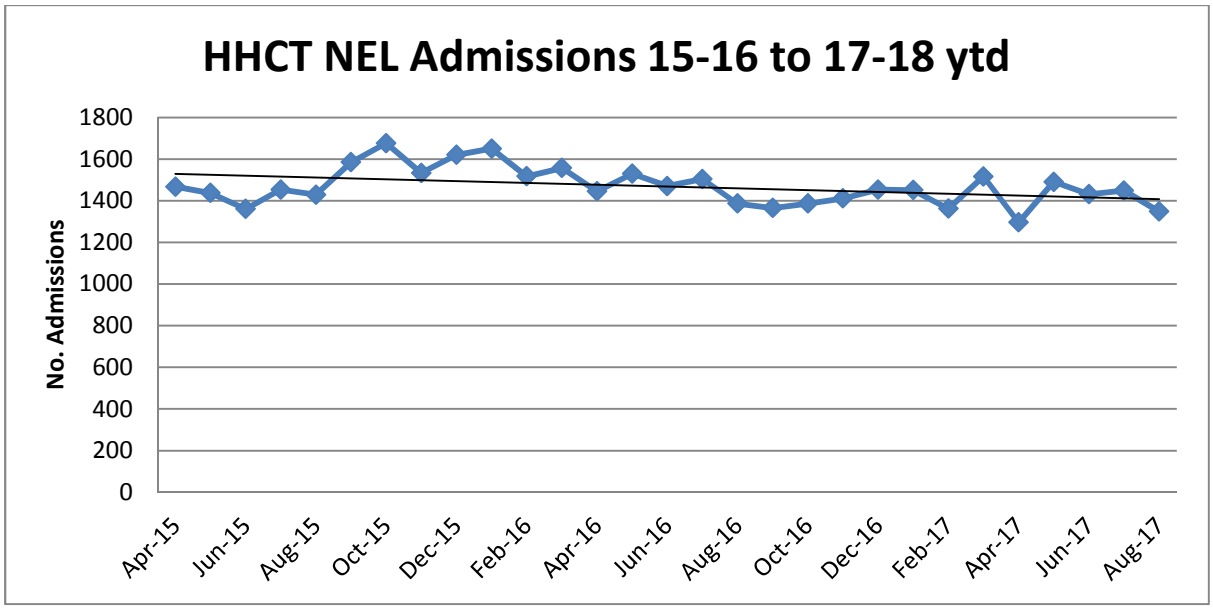
guidance and in the case of emergency dental needs, get access to the Dental Access Service appointments.

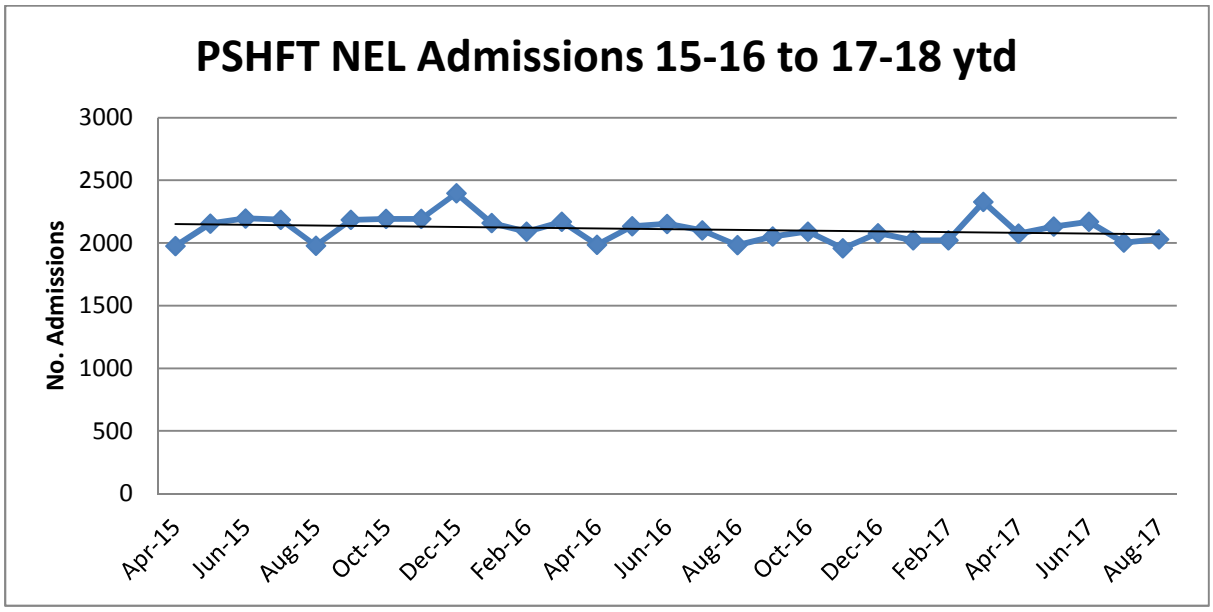
The use of IUC telephony via Interactive Voice Recognition (IVR) plays a big part in helping patients experiencing a mental health crisis to get the right help, by the right people. "Press Option 2" allow callers to gain immediate access to a mental health practitioner as part of the award winning Mental Health First Response Service (FRS).

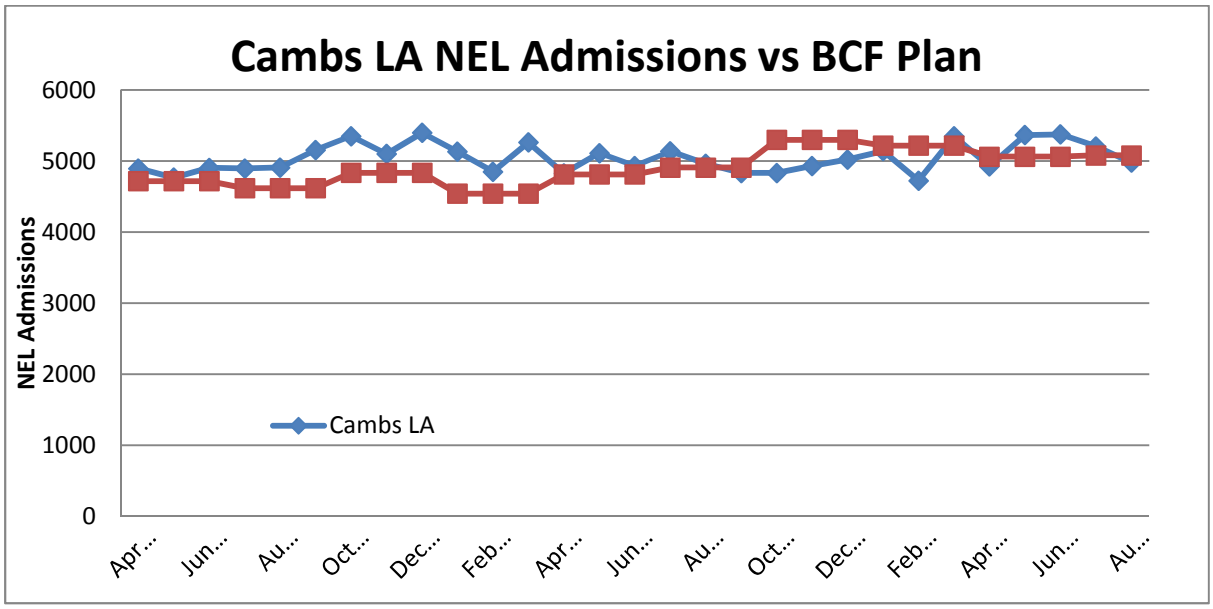
2. Non Elective Admissions (NEL)

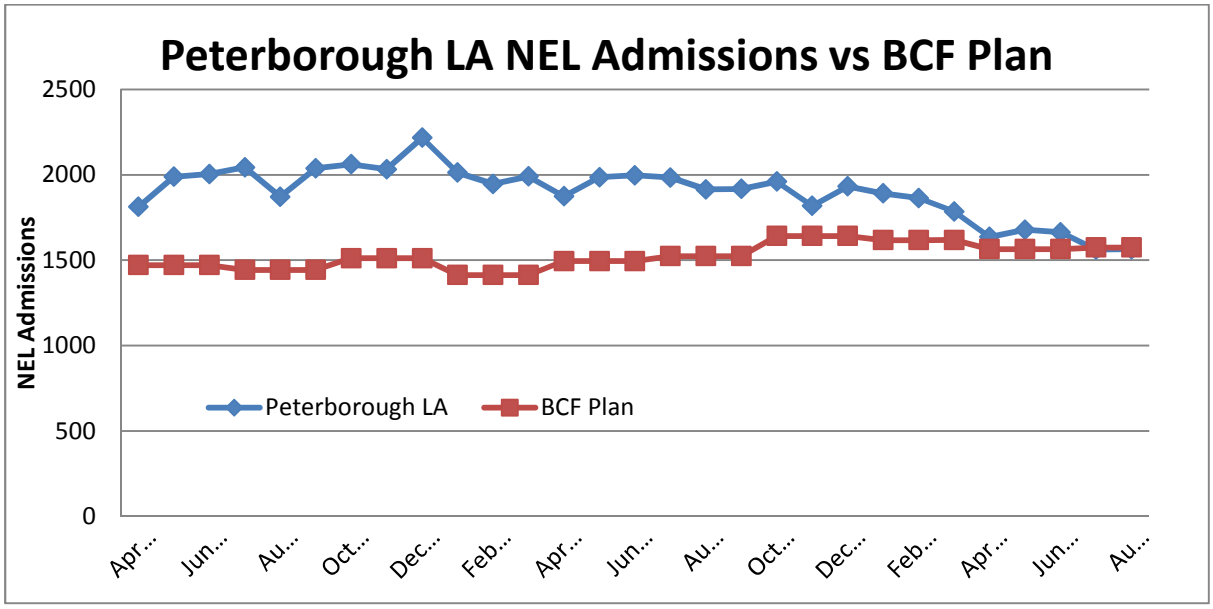
a. Charts – main providers and Local Authority

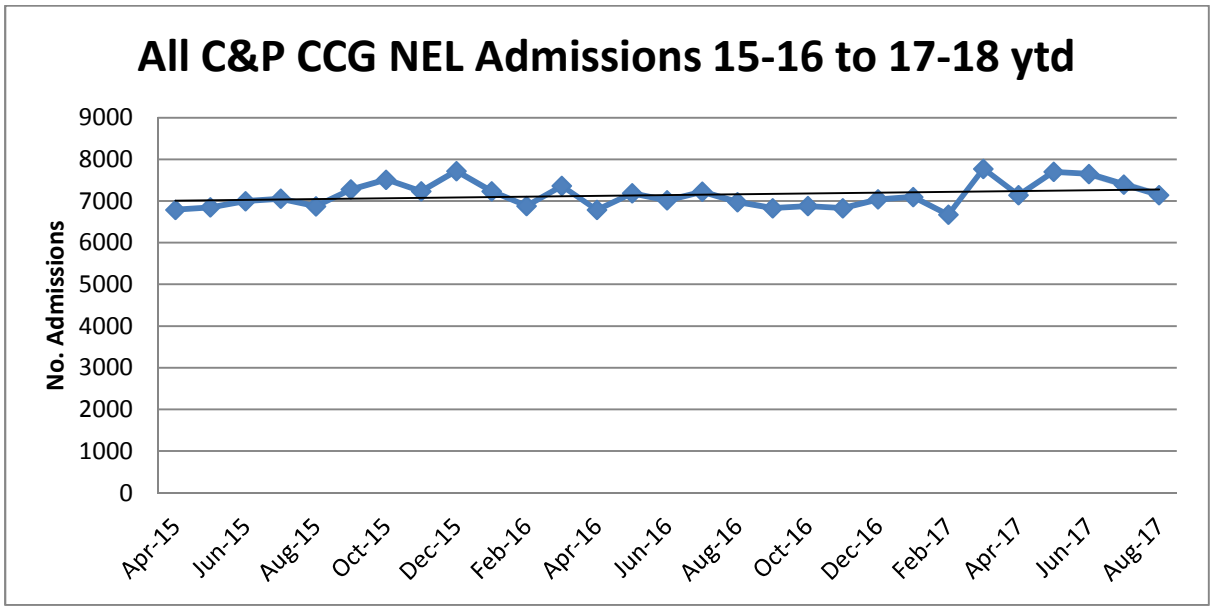





PSHFT NEL Admissions 15-16 to 17-18 ytd
No. Admissions
3000
2500
2000
1500
1000
500
0
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17


Cambs LA NEL Admissions vs BCF Plan
NEL Admissions
6000
5000
4000
3000
2000
1000
0
Cambs LA
Apr...
Jun...
Au...
Oct...
Dec...
Feb...
Apr...
Jun...
Au...
Oct...
Dec...
Feb...
Apr...
Jun...
Au...


Peterborough LA NEL Admissions vs BCF Plan
NEL Admissions
2500
2000
1500
1000
500
0
Peterborough LA
BCF Plan
Apr...
Jun...
Au...
Oct...
Dec...
Feb...
Apr...
Jun...
Au...
Oct...
Dec...
Feb...
Apr...
Jun...
Au...



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 and Peterborough LA's are currently on plan for activity. 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 are 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 the Cambridge system, but utilisation within the Cambridge system has been increasing since focusing the JET communications/engagement plan on the Cambridge system GP practices

Care Homes:
The CCG's Care Home Support Team (CHST) has been working with a range of care homes across the C&P region. There has been a clear reduction in NEL admissions from those care homes receiving the input from the CHST, especially at PSHFT where the team has been concentrated for the longest, and this is shown in the overall reduction in admissions.

In addition the team work with homes and Hospital Trusts to improve the quality of discharges, and have recently introduced the widely reconsidered red bag scheme as well as running cross sector discharge workshops.

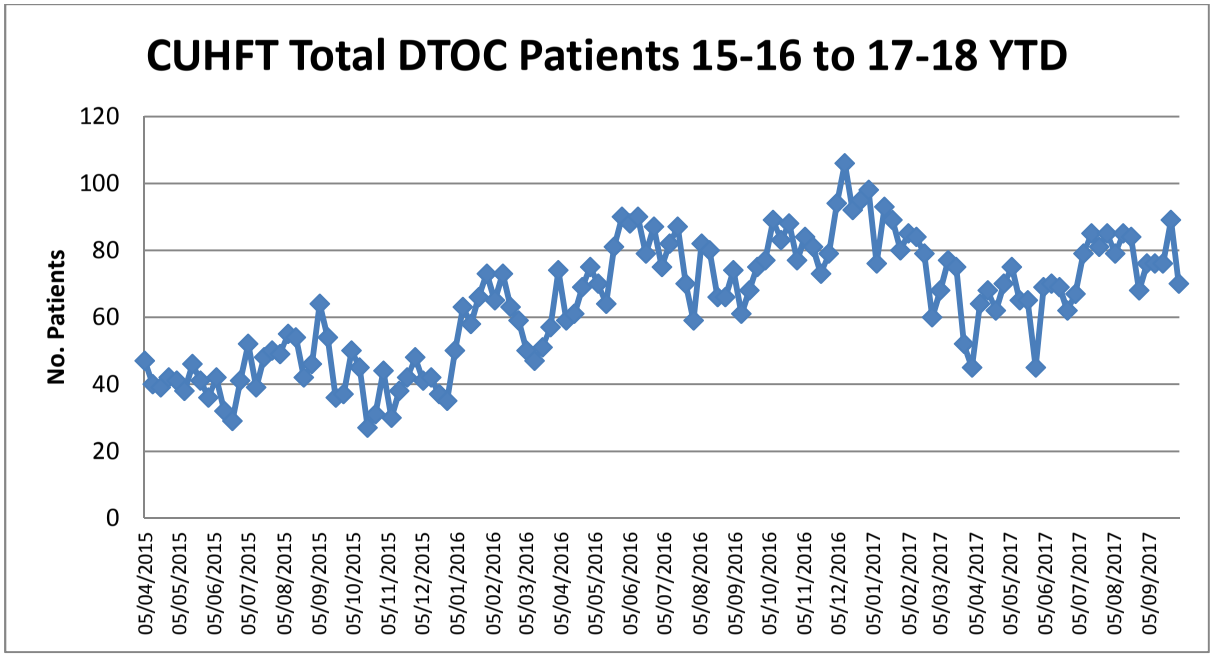
Mental Health Crisis Assessment and First Response:
We have seen a reduction across all providers of coded Mental Health NEL admissions since service went live in September 2016. Analysis is currently underway to measure the reduction in numbers of MH patients admitted to Acute Hospitals from ED.

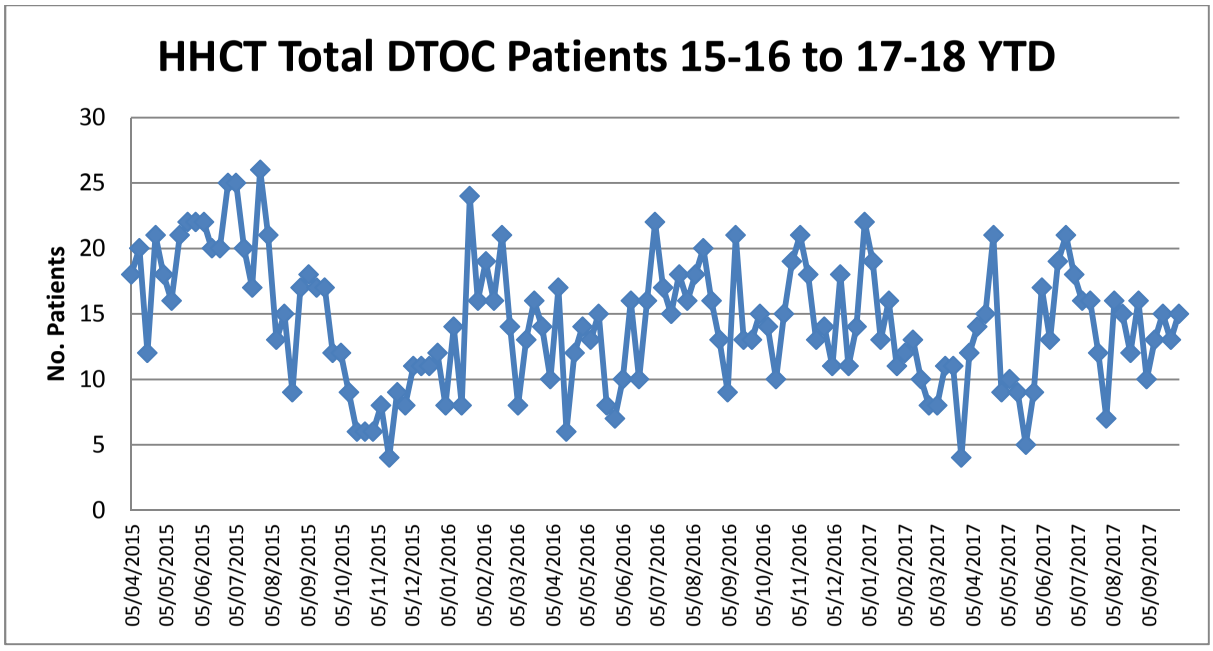
Ambulatory Care:
All three main providers currently have an ambulatory care service, streaming patients from ED to avoid potential avoidable admission. This service is more developed at PSHFT, but

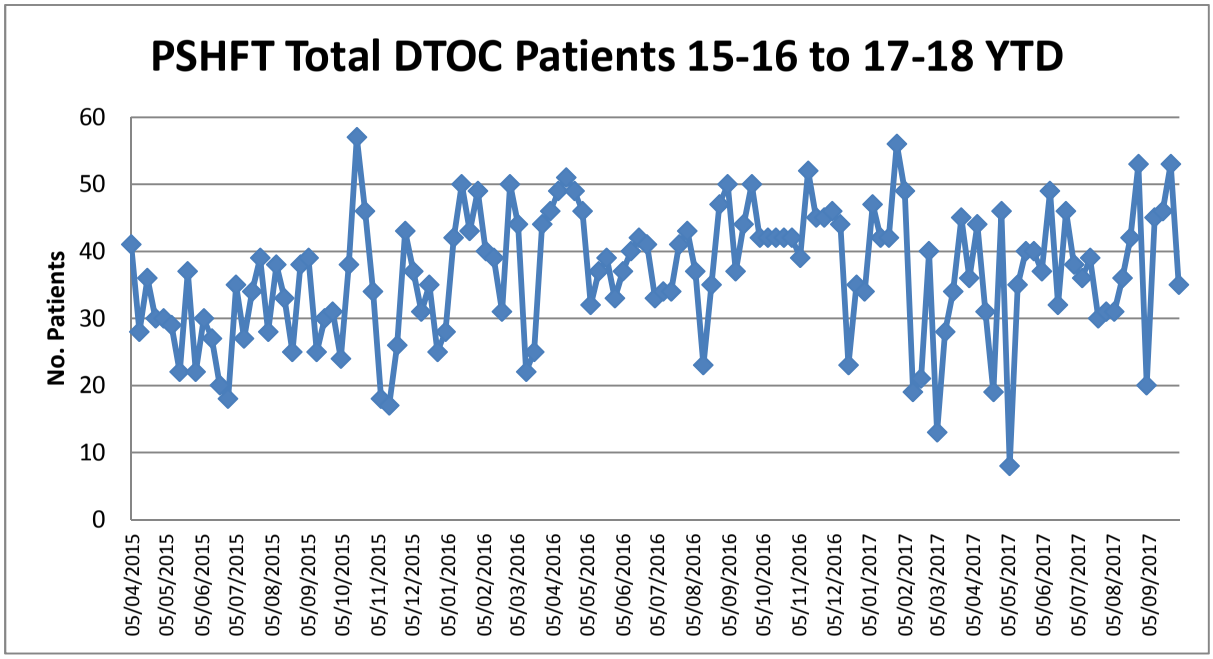
we are working closely with all local providers to improve the utilisation of Ambulatory Care services and to increase the range of patients and disease cohorts that can be managed through Ambulatory Care.

3. Emergency department (ED) Attends

a. Charts – Main Providers and Local Authority






PSHFT Total DTOC Patients 15-16 to 17-18 YTD
No. Patients
60
50
40
30
20
10
0
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
05/08/2016
05/09/2016
05/10/2016
05/11/2016
05/12/2016
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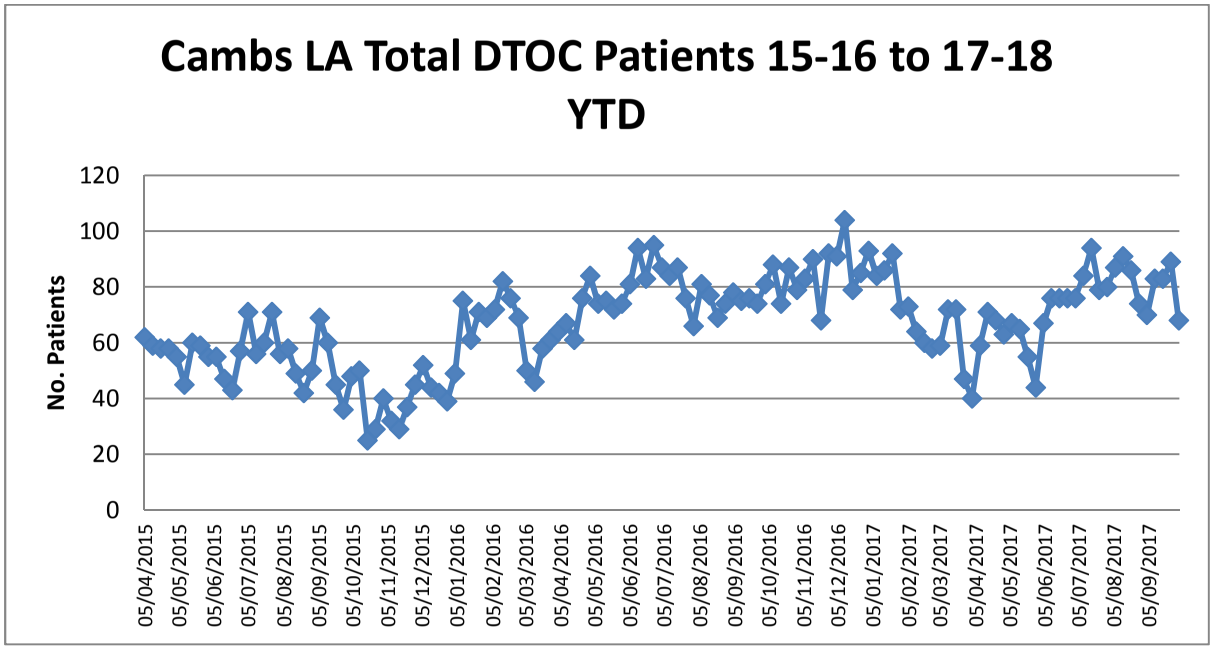
05/04/2017
05/05/2017
05/06/2017
05/07/2017
05/08/2017
05/09/2017


Cambs LA Total DTOC Patients 15-16 to 17-18 YTD
No. Patients
120
100
80
60
40
20
0
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
05/08/2016
05/09/2016
05/10/2016
05/11/2016
05/12/2016
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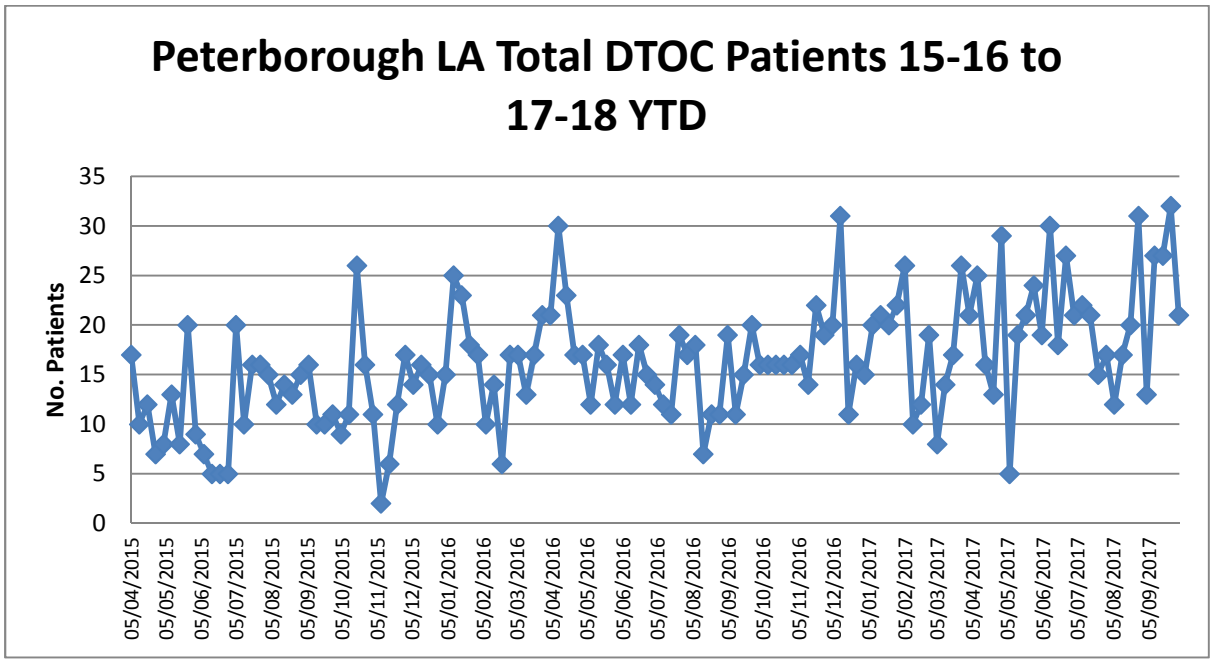
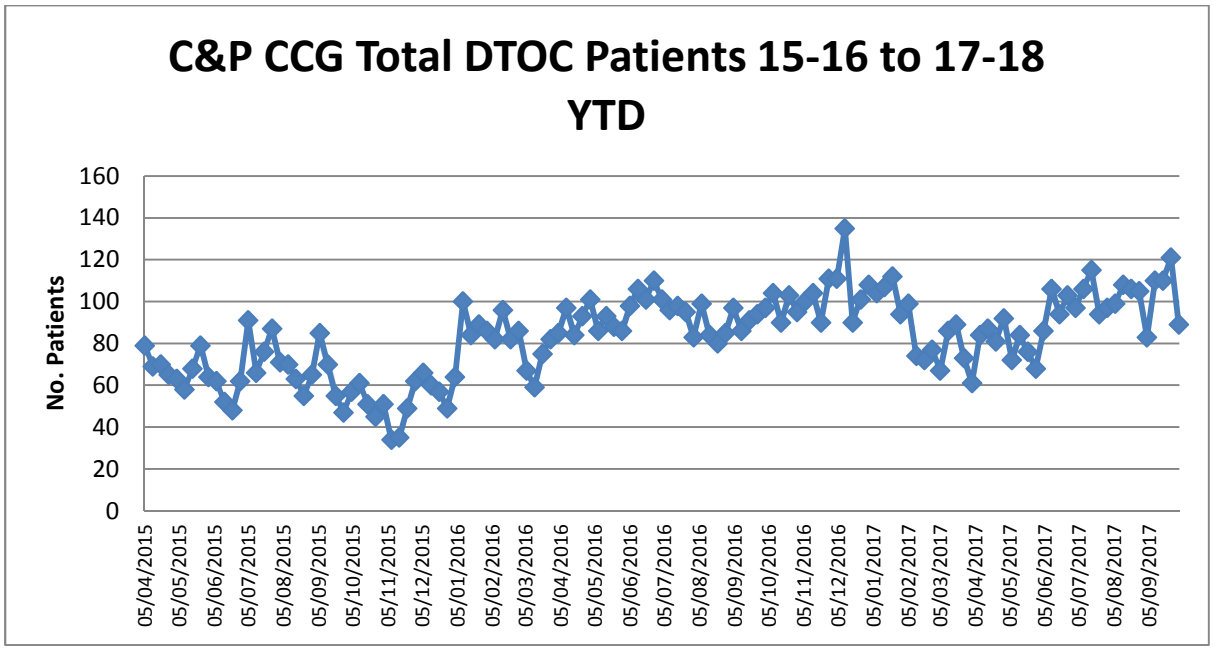
05/06/2017
05/07/2017
05/08/2017
05/09/2017





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.

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.

The system has now developed a multi-partner Gold Command to manage the process for the discharge of complex patients and to address issues that may delay these discharges. This is live and is expected to have a significant positive effect on the management of

DTOCs and for people who are Medically Fit and Ready for Discharge (MFFD)

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. However, the numbers of DTOCs at CUHFT are still above the recovery trajectory.

Hinchingbrooke Hospital:

has seen a steady levelling out March 2017. 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.

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