NHS
Bracknell and Ascot
Clinical Commissioning Group

The Royal Borough
Windsor & Maidenhead

NHS
Windsor, Ascot and Maidenhead
Clinical Commissioning Group

Health and Wellbeing Board
Better Care Fund – performance update
31 August 2016

Marianne Hiley, Better Care Fund Manager

BCF METRICS: Updated to include M03 2016/17 actuals

Metric	RAG	Update
NEL admissions, general and acute, all ages per 100,00 population		Continuing overall increase across all East Berkshire admissions. Current WAM BCF trajectory (set nationally) still above target but rate of increase is lower in Month 3. Expecting to see a surge in paediatric and respiratory -related admissions in Oct/Nov – mitigated by active flu campaign already planned in GP practices – also supporting a drive to identify carers. HRG subchapters shows continuing significant in NELs for cardiac disorders Q1 16/17 – further analysis underway.
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services		16/17 Target is 92% success rate ie 8% not at home 91 days after discharge. Q4 15/16 average is 7.7%, but still verifying data collation as this figure includes some permanently admitted to residential care which would skew performance. If these are excluded, the figures meet 8% target.
Delayed transfers of care (adults 18+) from hospital per 100,000 population		Continuing concerns und significant challenges with discharge to some nursing homes – pressure likely to increase and East Berks wide approach is being coordinated through existing WAM multi-disciplinary working group. Alamac data is now being gathered from Wexham with more detailed breakdown of 4 sub categories for “medically fit for discharge” – Jackie Raven, leading the Out of Hospital Transformation programme will provide weekly summary of progress and update at SRG (now A&E admission avoidance group) and action will be coordinated across all CCGs/LAs.

BCF METRICS: Updated to include M3 16/17

<table>
<tr><th>Metric</th><th>RAG</th><th>Update</th></tr>
<tr><td>Permanent admission of older people (65+) to residential and nursing care homes, per 100,000 population</td><td></td><td>
<table>
<tr><th></th><th>2013/14</th><th>2014/15</th><th>2015/16</th><th>2016/17</th></tr>
<tr><td>New Admissions</td><td>136</td><td>177</td><td>158</td><td>29</td></tr>
<tr><td>Transfers Out</td><td>158</td><td>149</td><td>177</td><td>34</td></tr>
<tr><td>Net Placements</td><td>-22</td><td>28</td><td>-19</td><td>-5</td></tr>
</table>
Summary position to end June 2016 - on target to meet for 150 for the year, but could be under pressure following recent pressure to relieve DTOC pressures leading to out of area nursing home placements. Significant concerns regarding RGN capacity in nursing homes raised with Nursing Vision team for support/action.
</td></tr>
<tr><td>Number of Falls related NEL admissions</td><td></td><td>Slight improvement in performance from Month 2 to Month 3 but all BCFs in east Berks reporting step change in NEL numbers aligned to unexplained changes to data recording. Two major initiatives planned: Maudsley House Mobility and falls prevention event (with shared learning for other sheltered accommodation) on 23 August and joint event with WAMGI/VCS organisation chief Officers group on 7 September to identify those at risk and refer them to range of support services, including Keep Safe Stay Well.</td></tr>
<tr><td>Service User Feedback</td><td></td><td>Continue to expand use in STSR (additional 23 patients since May – and will extend pilot to include residents involved in Old Windsor Project (subject to discussion with r-outcomes external consultant at 29 July meeting)</td></tr>
</table>

Metrics – performance including Month 3 16/17

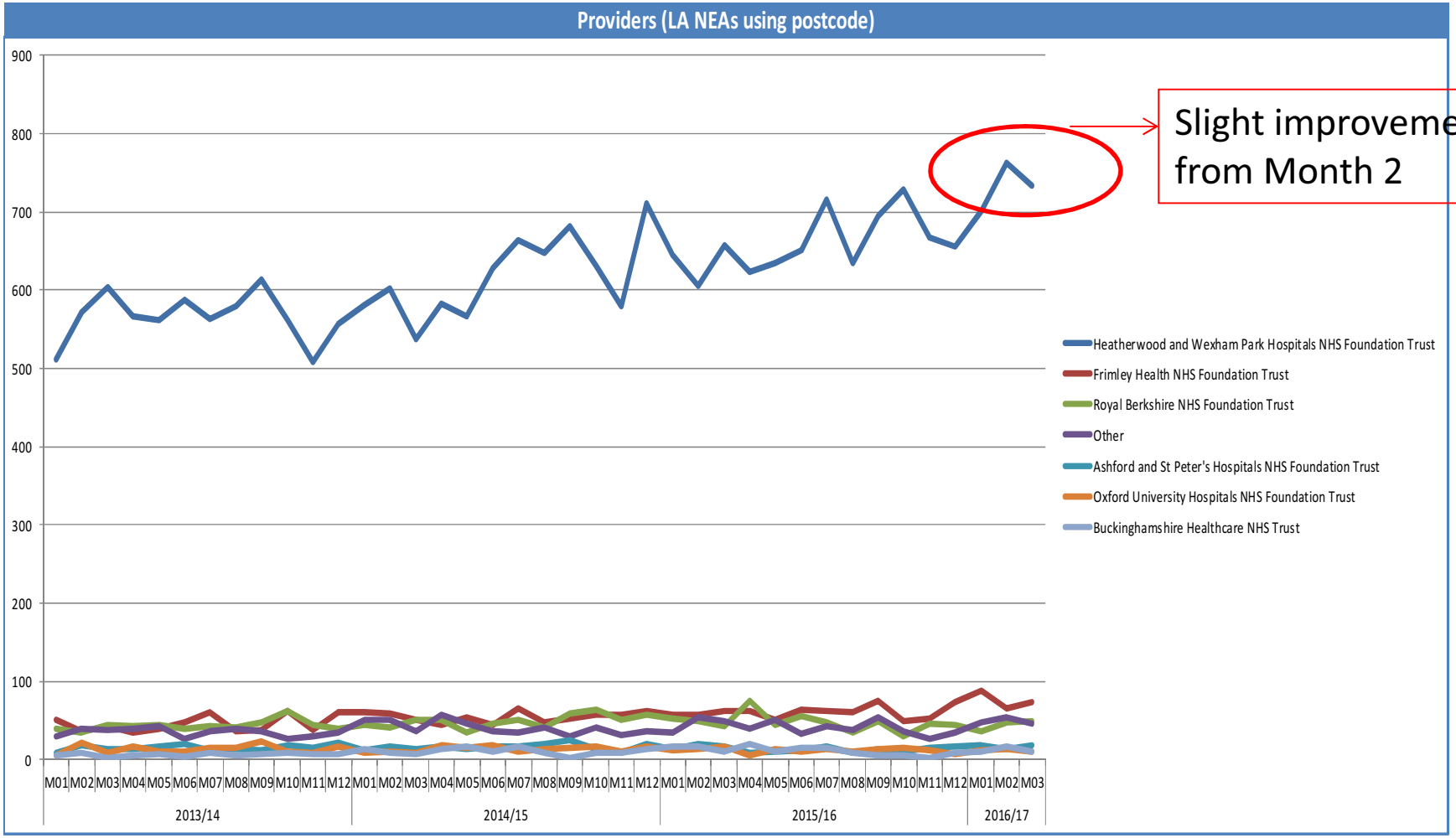
NEL admissions – continuing upward trajectory overall but slight reduction in Month 3

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Full Year	150,500	14,631	14,190	2,357	-3.0%

Year	Forecast	Pop	Quarter Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Q1	150,500	3,511	3,548	2,357	+1.0%

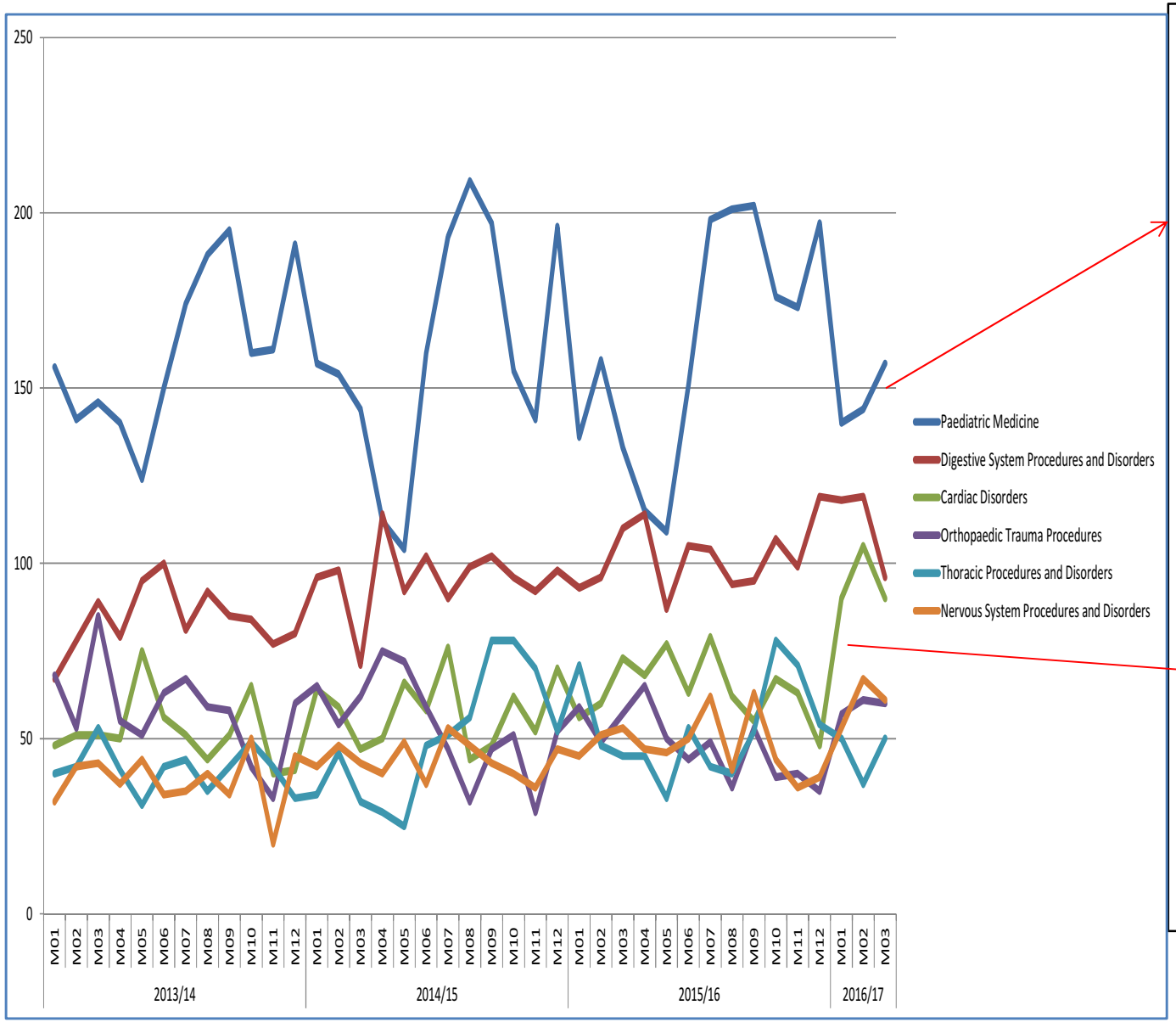
Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	148,000	3,349	3,114	2,104	-7.0%
2014/15	Q2	148,000	2,764	3,295	2,226	+19.2%
2014/15	Q3	148,000	2,956	3,430	2,317	+16.0%
2014/15	Q4	149,400	3,018	3,287	2,200	+8.9%
2015/16	Q1	149,400	3,231	3,201	2,142	-0.9%
2015/16	Q2	149,400	2,667	3,245	2,172	+21.7%
2015/16	Q3	149,400	2,852	3,522	2,357	+23.5%
2015/16	Q4	150,500	2,912	3,502	2,327	+20.3%
2016/17	Q1	150,500	3,511	3,548	2,357	+1.0%
2016/17	Q2	150,500	3,659			
2016/17	Q3	150,500	3,812			
2016/17	Q4	151,700	3,649			

16/17 Year to date (inc Mth3) NEL admissions for WAM BCF broken down by acute provider



78% of NELs are admitted to Wexham 8% to Frimley

Top Six Acute HRG Subchapters (LA NEAs using postcode)



Month 3 16/17 – increase in childrens admissions
Will be followed up by RBWM/CCG MDT family support group in Sept

CCG following up reasons for cardiac related admissions compared to other top reasons for NEL admission

NEAs - Top 10 RBWM areas and GP practices per 1K population

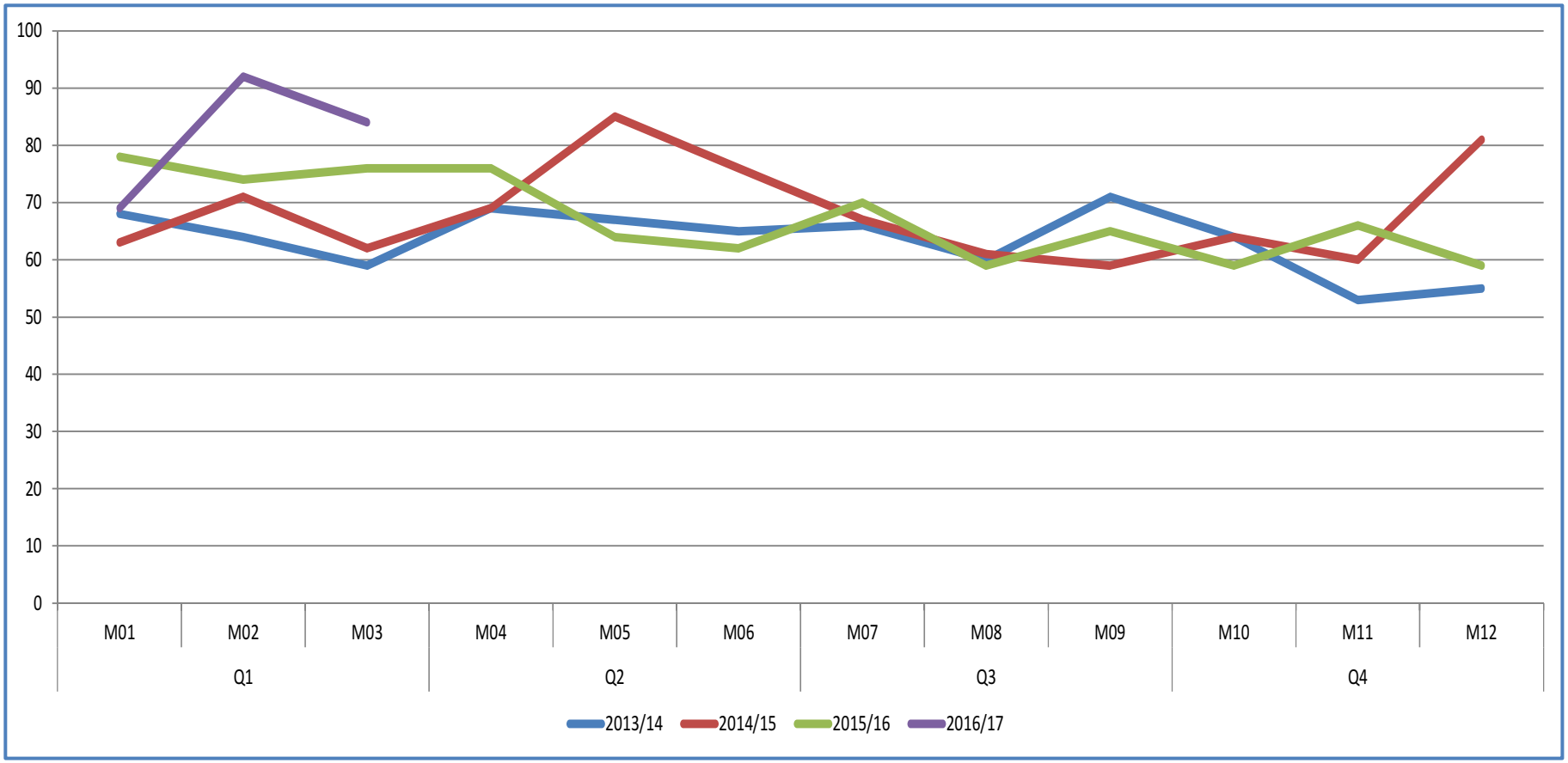
	2013/14	2014/15	2015/16	2016/17
Clewer North	70.2	83.2	85.1	21.7
Clewer South	73.5	80.1	78.6	22.8
Datchet	78.6	75.8	69.1	22.8
Clewer East	68.1	69.4	83.6	22.4
Furze Platt	61.4	72.8	79.4	22.3
Park	58.8	69.5	72.6	21.6
Maidenhead Riverside	59.5	64.3	66.6	21.5
Castle Without	49.7	59.4	60.0	22.1
Sunningdale	47.2	50.9	48.5	21.2
Bray	56.3	58.4	65.2	19.9

Overlay with GP practices is not an exact fit – further detailed review of individual practice data is needed – action plan to be agreed with WAM GP Clinical leads on 17 August

Rate per 1000 popualtion - by practice	2013/14	2014/15	2015/16	2016/17
LEE HOUSE SURGERY	29.3	37.6	38.2	12.1
THE CEDARS SURGERY	31.5	34.3	34.8	9.9
CLAREMONT HOLYPORT SURGERY	29.7	33.2	35.1	9.4
CORDWALLIS ROAD SURGERY	29.3	34.4	32.0	8.9
DATCHET HEALTH CENTRE	29.9	29.8	31.0	8.8
WOODLANDS PARK SURGERY	28.2	30.4	30.4	7.8
LINDEN MEDICAL CENTRE	24.5	28.5	33.3	8.9
ROSS ROAD MEDICAL CENTRE	27.7	29.2	30.0	6.7
SOUTH MEADOW SURGERY	28.8	27.4	28.8	7.0
SHEET STREET SURGERY	23.5	28.1	28.3	8.3

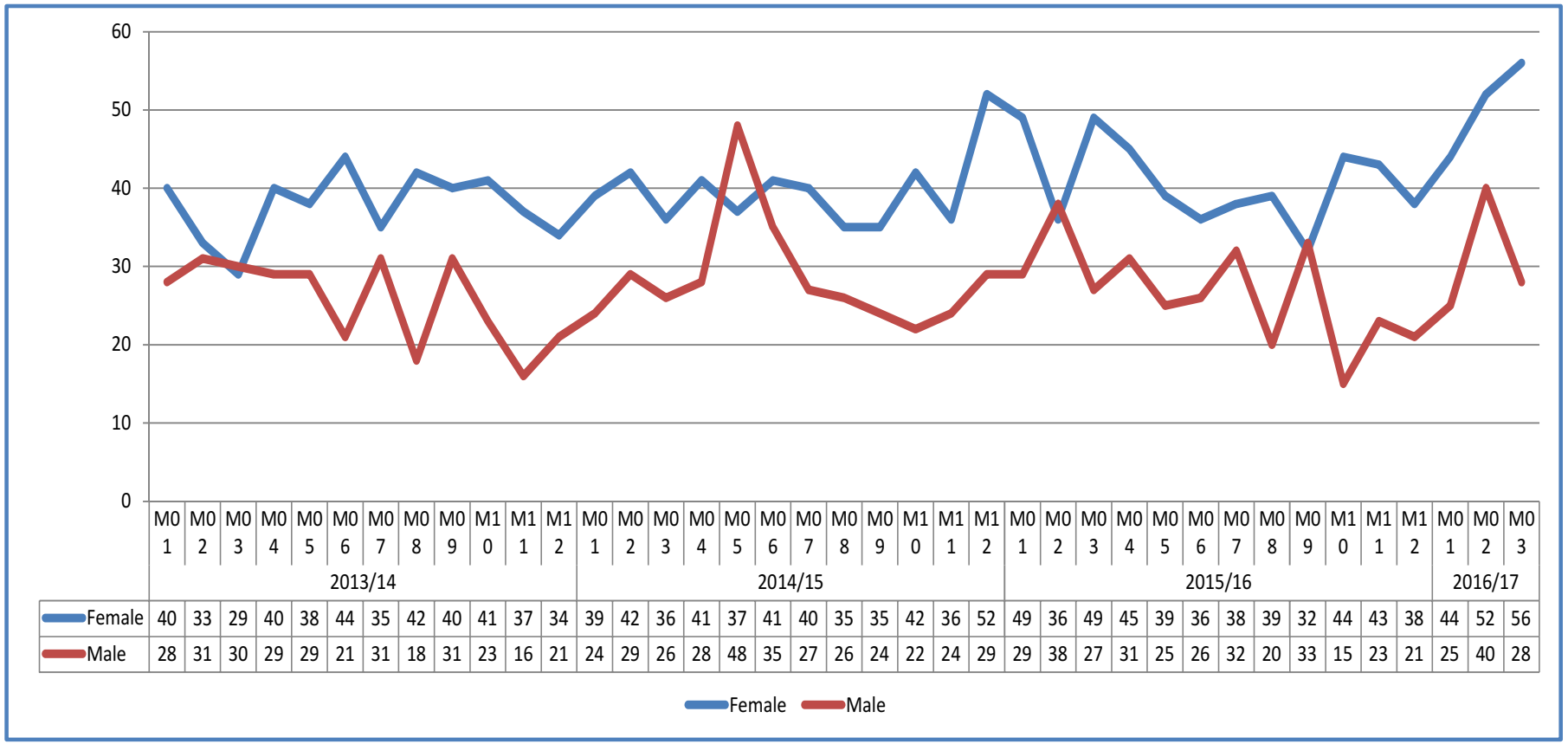
Metrics – performance including Month 3 16/17 data

WAM Falls related hospital admissions



Significant increase in falls related admissions –between end Q4 15/16 and Q1 16/17 - .
Month 3 shows continuing trend of older females 80+ at greatest risk.

Female related falls continuing to rise in Month 3 but male falls in decline



	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	M01	M02	M03
	2013/14												2014/15												2015/16												2016/17		
Female	40	33	29	40	38	44	35	42	40	41	37	34	39	42	36	41	37	41	40	35	35	42	36	52	49	36	49	45	39	36	38	39	32	44	43	38	44	52	56
Male	28	31	30	29	29	21	31	18	31	23	16	21	24	29	26	28	48	35	27	26	24	22	24	29	29	38	27	31	25	26	32	20	33	15	23	21	25	40	28

All NEAs - Top 10 RBWM areas per 1K population

	2013/14	2014/15	2015/16	2016/17
Clewer North	70.2	83.2	85.1	21.7
Clewer South	73.5	80.1	78.6	22.8
Datchet	78.6	75.8	69.1	22.8
Clewer East	68.1	69.4	83.6	22.4
Furze Platt	61.4	72.8	79.4	22.3
Park	58.8	69.5	72.6	21.6
Maidenhead Riverside	59.5	64.3	66.6	21.5
Castle Without	49.7	59.4	60.0	22.1
Sunningdale	47.2	50.9	48.5	21.2
Bray	56.3	58.4	65.2	19.9

Falls Related NEAs – Top 10 RBWM areas per 1k population

Clewer East	700.8	683.3	700.8	227.8
Oldfield	566.2	808.9	637.0	202.2
Old Windsor	538.7	598.6	578.6	279.3
Pinkneys Green	579.2	471.4	713.9	229.0
Bisham and Cookham	604.4	575.6	532.5	201.5
Boyn Hill	549.9	512.4	537.4	175.0
Clewer South	497.1	515.5	515.5	239.3
Eton Wick	434.6	521.5	565.0	173.8
Castle Without	368.8	532.6	546.3	218.5
Maidenhead Riverside	494.0	382.9	518.7	234.7

Variation between the two cohorts reinforces the the importance of having targetted and community related prevention and education programmes – not a one size fits all approach!

NHS Windsor, Ascot and Maidenhead CCG Under 5s A&E Frequent Flyers over Rolling Six Months (SUS)

Date Range:	2015-12-01	2016-05-31
Dataset	A&E <5yo FreqFlyers	

Above Average

	RegPop (0-4y)	Unique Attendees	Percentage Attendees	Total Attendances	Pts 2+ Att	Pts 3+ Att	Att Rate /1kPop
RADNOR HOUSE SURGERY AND ASCOT MED CTR	296	84	28.4%	120	25	7	405.4
RUNNYMEDE MEDICAL PRACTICE	599	126	21.0%	162	27	9	270.5
SHEET STREET SURGERY	467	90	19.3%	118	21	6	252.7
DATCHET HEALTH CENTRE	598	111	18.6%	147	29	6	245.8
LEE HOUSE SURGERY	397	79	19.9%	95	16	0	239.3
SOUTH MEADOW SURGERY	917	156	17.0%	200	28	10	218.1
CLARENCE MEDICAL CENTRE	632	101	16.0%	125	21	2	197.8
REDWOOD HOUSE SURGERY	382	56	14.7%	74	11	5	193.7
THE CEDARS SURGERY	658	95	14.4%	122	16	5	185.4
CLAREMONT HOLYPORT SURGERY	1,053	156	14.8%	192	31	4	182.3
ROSEMEAD SURGERY	377	54	14.3%	67	9	4	177.7
CORDWALLIS ROAD SURGERY	296	41	13.9%	51	7	1	172.3
ROSS ROAD MEDICAL CENTRE	227	27	11.9%	38	6	3	167.4
LINDEN MEDICAL CENTRE	481	61	12.7%	73	10	1	151.8
THE SYMONS MEDICAL CENTRE	750	90	12.0%	109	18	1	145.3
COOKHAM MEDICAL CENTRE	373	42	11.3%	50	6	2	134.0
WOODLANDS PARK SURGERY	217	23	10.6%	25	1	1	115.2

Targetted review with practices from Sept 2016 – joint discussions with GPs and Health visitors last year was very productive and led to reduction in avoidable admissions

NHS Windsor, Ascot and Maidenhead CCG Adult General & Acute Non-Elective Inpatient Frequent Flyers over Rolling Six Months (SUS)

Date Range:	2015-12-01	2016-05-31
Dataset	IP adult FreqFlyers	

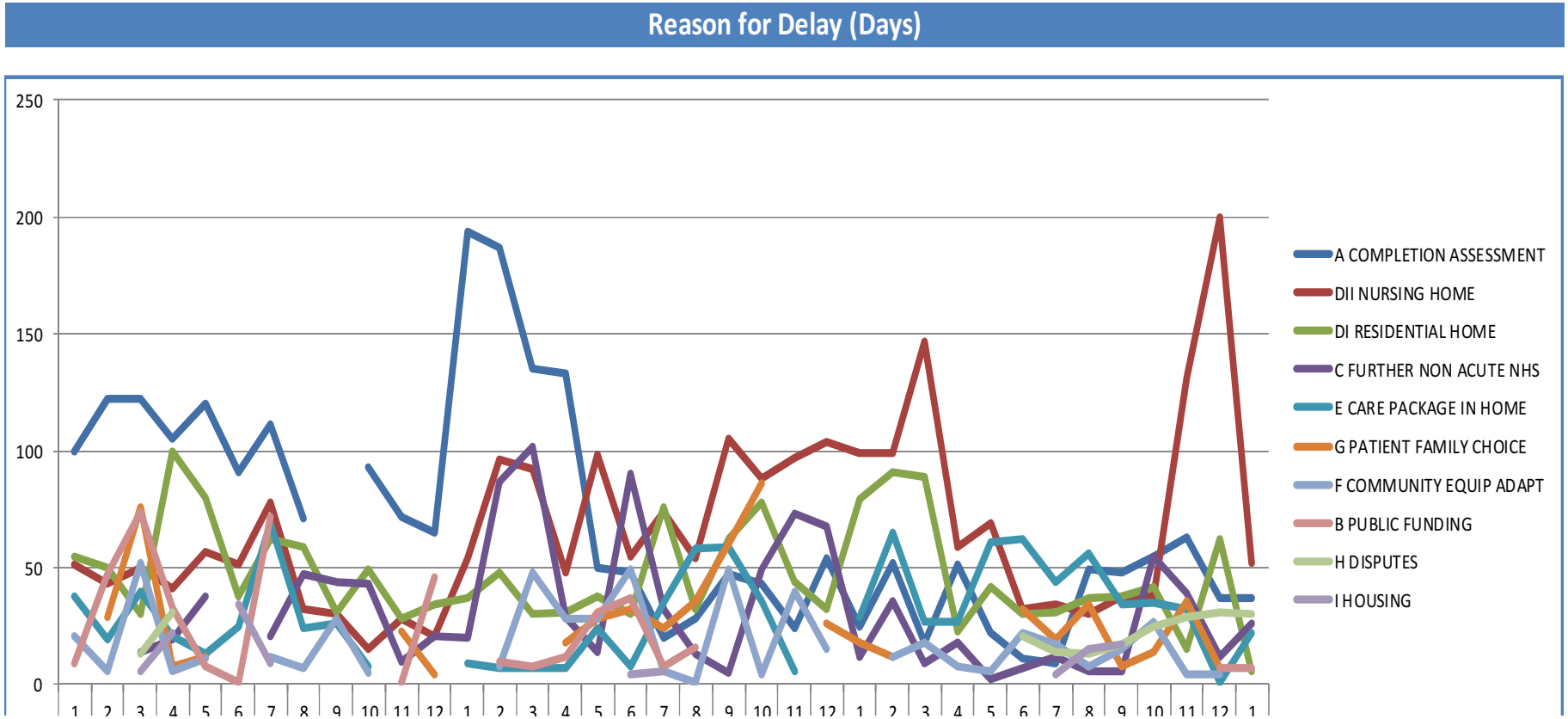
Above Average

	RegPop (20y+)	Unique Attendees	Percentage Attendees	Total Attendances	Pts 2+ Att	Pts 3+ Att	Att Rate /1kPop
LEE HOUSE SURGERY	5,529	428	7.7%	658	121	42	119.0
DATCHET HEALTH CENTRE	8,104	572	7.1%	936	156	58	115.5
CLAREMONT HOLYPORT SURGERY	14,161	991	7.0%	1,503	246	85	106.1
WOODLANDS PARK SURGERY	2,429	162	6.7%	250	40	13	102.9
LINDEN MEDICAL CENTRE	7,518	528	7.0%	770	124	44	102.4
THE CEDARS SURGERY	8,005	511	6.4%	796	129	48	99.4
SOUTH MEADOW SURGERY	9,140	580	6.3%	889	135	56	97.3
THE SYMONS MEDICAL CENTRE	9,411	598	6.4%	862	126	38	91.6
RADNOR HOUSE SURGERY AND ASCOT MED CTR	3,988	255	6.4%	361	58	19	90.5
REDWOOD HOUSE SURGERY	4,831	309	6.4%	426	65	19	88.2
RUNNYMEDE MEDICAL PRACTICE	9,502	545	5.7%	837	120	51	88.1
SHEET STREET SURGERY	7,672	460	6.0%	671	112	38	87.5
COOKHAM MEDICAL CENTRE	5,953	365	6.1%	498	77	18	83.7
CLARENCE MEDICAL CENTRE	11,813	561	4.7%	844	130	52	71.4
ROSS ROAD MEDICAL CENTRE	2,160	119	5.5%	154	28	5	71.3
ROSEMEAD SURGERY	5,040	256	5.1%	349	50	17	69.2
CORDWALLIS ROAD SURGERY	2,388	128	5.4%	161	20	7	67.4
ASCOT MEDICAL CENTRE		2		4	2	0	

Targetted review with practices from Sept 2016 – need to understand what **health and social care** support is provided on discharge to reduce likelihood of readmission

Metrics – performance including Month2 16/17 data

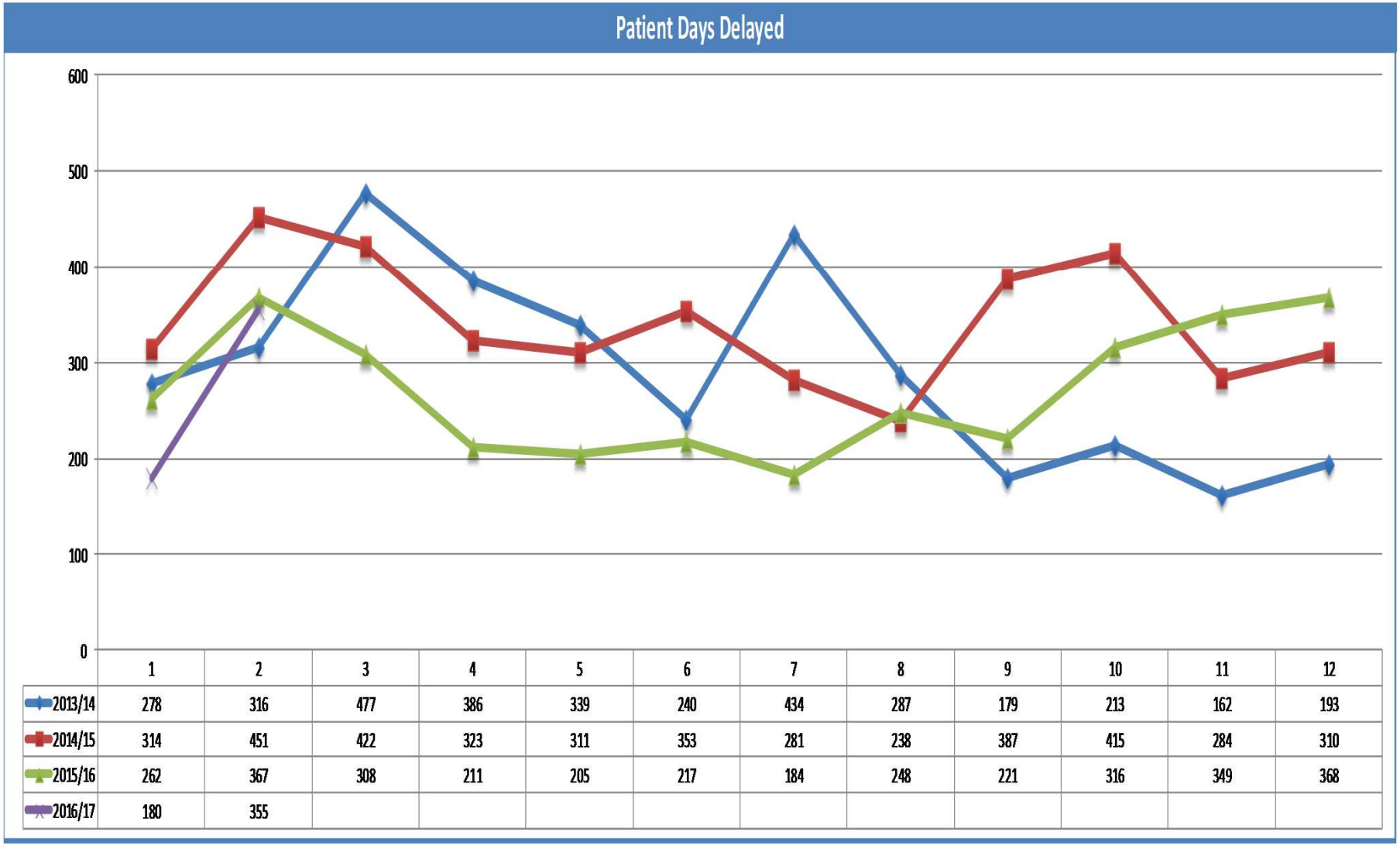
Delayed Transfers of Care (headcount/days)



Days	2013/14	2014/15	2015/16	2016/17
A COMPLETION ASSESSMENT	1,072	963	440	37
DII NURSING HOME	497	965	976	52
DI RESIDENTIAL HOME	616	538	579	6
C FURTHER NON ACUTE NHS	261	582	214	26
E CARE PACKAGE IN HOME	283	256	473	22
G PATIENT FAMILY CHOICE	199	318	205	
F COMMUNITY EQUIP ADAPT	150	276	141	
B PUBLIC FUNDING	306	133	35	7
H DISPUTES	44		150	30
I HOUSING	76	58	43	
Grand Total	**3,504**	**4,089**	**3,256**	**180**

Significant increase in pressure on DTOCs at Wexham – more detailed analysis of "medically fit for discharge" list through new Alamac information will help identify key issues

RBWM Delayed transfers of care – National data Month 2 16/17



	1	2	3	4	5	6	7	8	9	10	11	12
2013/14	278	316	477	386	339	240	434	287	179	213	162	193
2014/15	314	451	422	323	311	353	281	238	387	415	284	310
2015/16	262	367	308	211	205	217	184	248	221	316	349	368
2016/17	180	355										

Summary update on all BCF projects and opportunity areas (1 of 4)

WAMCCG/RBWM BCF Project	Update

Delayed transfers of Care	• "Out of Hospital Transformation Action Plan to be finalised and taken to SRRG (now A&E Admission prevention Group
	• Alamac system now collating information on a more detailed breakdown of "medically it for discharge" list into
	  • those medically fit for discharge but not yet assessed
	  • Patients assessed and ready for discharge
	  • Genuine delayed discharge
	• Business case for "Discharge to assess"/out of hospital resource is a priority

Care Homes Programme	East Berkshire wide group agreement to identify a dedicated resource to take forward shared challenges, opportunities and forward work programme/collaboration, including engagement with Frimley. Further work on job role and requirements to be done in Sept. Sundus Bilal continuing the hydration project to reduce UTI related admissions Concerns relating to a number of nursing homes being highlighted through all dashboard measures – action being followed through by CCG/RBWM representatives. Care companion pilot - still running at Larchfeld
Sheltered Accommodation	Multi disciplinary approach to Maudsely House programme Major Falls prevention/mobility programme launch23 August– invovling all key stakeholders with tailored approach to meet individual needs. Monitor impact via NEL admissions and SCAS callouts for falls related events. Link positive opportunities for walking/exercise/outdoor activity to Independence Plans via Care watch. 1:1 support for those with Depression underway, identified by BHFT/CMHT

Summary update on all BCF projects and opportunities (2 of 4)

BCF Project	Update
IPCT/ Intermediate Care Review	• Support for recommendations mandated at BCF meeting 19 July • Early draft of "Head of Service" agreed and forward plan/timetable to move to an appointment for2 year post agreed at 16 August meeting • Follow up meeting of working group including BHFT in early September to move this forward • Develop timetable of progress for KPIs, service specifications for RACC/ARC, and job descriptions of key roles (eg community matron) • Frequent flyer data pilot at Runnymede/Newton Court practice for complex cases and link to frailty – feedback by end August
Prevention & Self Care Falls prevention	• Increased engagement with SMILE Programme and promotion campaign supported by Public health communication plans • New intelligent dataset for GPs pilot will help to focus on those most at risk – success full trial of new model during August. Available for GP launch in Sept subject to CCG IM&T Group approval • Joint event in 7 Sept with VCS Chief Officers to raise profile of residents at risk of falling and referral to appropriate support services including Keep Safe Stay Well.

Summary update on all BCF projects and opportunities (3 of 4)

BCF Project	Update
Early Help for children	• Meeting of RBWM/CCG MDT group on 18 July expanded opportunity to engage more children's services (inc schools and nurseries) in design and delivery of autumn programme – Follow up meeting 5 September to include update on new mental health services for children and post natal depression – shared platform for promotion of these services • Investigate opportunities to extend existing NEL admission dashboard to include other data sources in mental health and RIO • Flu immunisation and common children's illness promotion campaign • Repeat frequent flyer programme with targeted GP practices – successful last year
Dementia	• Two part time persons to cover dementia adviser role /review support services now in post. Extensive induction and stakeholder/contact management programme in place. Proposal to use DA role as part of Each Step Together programme • Include review of learning from other dementia adviser roles in East and West Berks to promote shared learning • 4 more CBT for carers of those with dementia commissioned from ADS – expectation that this will be part of regular CCG commissioning plans from 17/18 onwards

Summary update on all BCF projects and opportunity areas (4 of 4)

BCF Project	Update
Carers	• SIGNAL new services up & running – realignment of services with refresh of carers strategy with Carers partnership board and development of new log of carer contact details • Individual GP practice visits to develop local carers strategies and involve PPGs eg Ascot Medical Centre • Pilot with Frimley at KEVII chest clinic launched on 1 July – identify carers as they accompany patients. Well received by clinic staff and positive feedback from Wexham leads on carer – further promotion campaign at the acute trust. • Proposal to include carers/family feedback as part of EOLC programme under discussion – which is supported by the Gold Standards Framework
Assistive Technology	• Major promotion in autumn “Daily Living Made Easy" event will target hard to reach communities and carers, those who live alone - in discussion with RBWM transport services to support the event Outline proposal to use Telesson, on line advice and support for all forms of AT under consideration with key stakeholders prior to possible BCF bid support (linked to social prescribing programme)
Each Step Together	• Increasing involvement of RBWM staff in “3 conversation” programme to promote personalised conversations that will help to improve the lives of RBWM residents • Launch of Old Windsor innovation site on 18 July with dedicated resource and supported by Claire Barker as part of frailty programme.