ACH/18/79
Health and Adult Care Scrutiny
25 January 2018

Performance report using data for the year ending November 2017

Joint Report of the Head of Adult Commissioning and Health (DCC) and Director Strategy (South Devon and Torbay CCG and NEW Devon CCG)

Recommendation:

1) Scrutiny note current performance issues and winter planning across the health and care system;
2) Scrutiny advise on Member input to the development of a whole system performance framework.

1. Performance commentary reflects the reported position as at November 2017 (Month 8) and focusses on a range of metrics covering acute and community hospital settings, primary care and social care selected by system leaders to give an overview of health and care in Devon. A whole system scorecard has been developed with each indicator explained in more detail within the report. Work is underway both nationally and locally to further develop performance frameworks for the whole health and care system. We invite interested Members on the Health and Adult Care Scrutiny to volunteer to participate in this.

2. Over the last 12 months closer partnership working through the Sustainability and Transformation Partnership (STP), which brings together partners from across the wider Devon health and care system has led to a number of improvements in finance and performance. This is an improving picture but with key challenges that still need addressing.

3. Progress of NHS strategic planning is monitored by the Department of Health (DoH) against a national baseline view with the rating driven by indicators in three broad areas: hospital performance (emergency, elective and safety), patient focussed change (general practice, mental health and cancer) and transformation (prevention, leadership and finance). As at July 2017, baseline performance has been ranked against 4 categories (1-4: Outstanding to Needs improvement) with Devon being among the 14 of 44 areas assessed as being in category 3 'making progress'. This is an improvement on the previous year, when part of the Devon system (NEW Devon CCG area) were one of the three success regimes, requiring additional support to make rapid improvements in financial sustainability.

4. The DoH continues to develop an Integration Dashboard, which is being used by the Care Quality Commission (CQC) to target inspections. Focus is on three main priority areas: emergency admissions, delayed transfers of care and reablement. As at December, overall Devon County Council ranks 92nd out of 150 Authorities nationally and 7th out of 16 near neighbours, which is an improvement from the July baseline when comparative rankings were 116th and 11th. This performance improvement, together with halving the number of delayed transfers of care in the period June to November 2017, now means that Devon will not be a Local Authority to receive a local system review nor is it under threat of having Better Care Fund monies withdrawn or directed.

5. Changes have been made to the way services are arranged to support our population and this demonstrates in key areas that more people are now being cared for out of hospital, fewer are admitted to hospital and when do, they stay for shorter periods of time. When they are ready to leave hospital, they do so sooner in a more timely fashion due to improved out of hospital care and rehabilitation: delayed transfer rates have halved recently in the DCC area.

6. Devon acute hospital performance in relation to urgent care is generally better than average with no providers in special measures although Plymouth Hospitals NHS Trust has remained at escalation status 3 or above in recent months due to significant operational pressures in the western system. All four Acute Trusts have seen increases in acuity compared to the same period last year, which has meant that flow across the health and care system has been more difficult. STP performance relating to urgent care 4 hour attendances (including Minor Injury Units) has declined to 86.1% (provisional December 2017) from 90.7% (November 2017). While the recent pressures on A&E departments has been experienced nationally, the Devon system continues to benchmark favourably (15th out of 44).

7. In relation to winter, early indications are that we are experiencing similar winter pressures as nationally in terms of people needing our care and how unwell they are; and services have been pressured over the new year period, but are being managed by adopting both national guidance (e.g. deprioritising elective admission and using mixed sex accommodation) and enacting winter plans. Early indication is that where enhanced out of hospital care has been implemented this has supported acute hospitals well in this period.

8. Devon's rehabilitation and reablement services remain effective at keeping people from being readmitted to hospital with Devon's performance benchmarking ahead of regional and national averages (51th/150). Although effective, the service reach (116th/150) needs to be extended and work continues with NHS providers to develop a more integrated offer for rehabilitation, reablement and recovery services with improved triage aimed at getting people out of hospital and enabling them to live independently at home.

9. The overall rating remains weighted towards Delayed Transfers of Care (DToC) given the national focus on reducing the number of patients delayed in hospital having been identified medically fit for discharge. Additional resources have been prioritised through the Better Care Fund (iBCF) with a specific focus on reducing delays within the system with a national monitoring process in place. In November (latest published data) Devon has met the NHSE target reduction for patient delays but there will be difficulties maintaining progress during the winter period.

10. On 5 December 2017, DCC received a letter jointly from the Secretaries of State for Health and Communities and Local Government, which confirmed that due to progress made in reducing delays there would be no impact on Devon's additional iBCF allocation in 2018-19.

11. National datasets from the 2016-17 annual statutory returns were published during Quarter 3. Devon's performance has been benchmarked against England, Statistical Neighbours and Regional comparators to determine our standing in the Adult Social Care Outcomes Framework including the annual statutory survey of service users and the biennial statutory survey of carers. Outcomes are reported to Health and Adult Care Scrutiny elsewhere on the agenda.

Tim Golby
Head of Adult Commissioning and Health (DCC)

Dr Sonja Manton
Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG)

Electoral Divisions: ALL

Local Government Act 1972: List of Background Papers
None

Who to contact for enquiries:
Name: Damian Furniss
Contact: 07905 710487

Cabinet Member: Councillor Andrew Leadbetter

Whole System Scorecard - November 2017

			2016/17 Benchmarking			2017/18 Targets	2017/18 November Performance	Direction of Travel from previous report (September)				
Page	Code	Code Description	Devon Average	Comparator (CIPFA) Average	England (National) Average	2017/18 Target	November 2017 Performance	Direction of Travel from previous report (September)	East*	North*	South*	West*
1	Market Quality	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes outstanding/good): NEW inspection regime	**	**	**	**85.0%**	**86.0%**	⇔	**	**	**	**
2	Assessment/ Review	Timeliness of social care assessment - new clients assessed within 28 days	**	**	**	**80.0%**	**65.6%**	⇧	69.3%	65.3%	65.6%	**
2	Assessment/ Review	Annual review - reviewable services	**	**	**	**75.0%**	**62.7%**	⇧	63.3%	50.5%	57.4%	**
3	Short-term services	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	**86.8%**	**82.7%**	**82.5%**	**84.1%**	**86.8%**	⇩	81.5%	85.1%	92.5%	**
3	Short-term services	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	**1.8%**	**2.1%**	**2.7%**	**2.7%**	**1.7%**	⇩	**	**	**	**
3	Short-term services	Received a short term service during the year where the sequel to the service was either no ongoing support or support of a lower level	**94.2%**	**81.8%**	**77.8%**	**88.4%**	**95.4%**	⇩	95.8%	97.1%	93.1%	**
5	Placement Rates	Long-term support needs of younger adults (18-64) met by admission to residential and nursing care homes, per 100,000 population **(Low is good)**	**11.5**	**11.7**	**12.8**	**13.2**	**14.5**	⇔	27	14	16	**
5	Placement Rates	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population **(Low is good)**	**547.2**	**555.2**	**610.7**	**514.6**	**509.5**	⇩	462	213	269	**
6	Urgent Care	Urgent Care All	**	**	**	**	**90.7%**	⇧	91.7%	91.0%	92.8%	86.6%
8	Admissions	Admissions - Elective	**	**	**	**	**N/A**		7075	1922	3238	5090
8	Admissions	Admissions Non-Elective	**	**	**	**	**N/A**		3478	1837	3173	4646
9	Escalation Status	Escalation Status	**	**	**	**	**N/A**		2.05	1.76	1.68	3.15
10	Delayed Transfers of Care	DTOC (Delayed transfers of care) from hospital per 100,000 population **(Low is good)**	**23.0**	**18.1**	**14.9**	**12.5**	**20.7**	⇧	**	**	**	**
10	Delayed Transfers of Care	DTOC attributable to social care **(Low is good)**	**7.3**	**8.0**	**6.3**	**4.2**	**5.6**	⇧	**	**	**	**

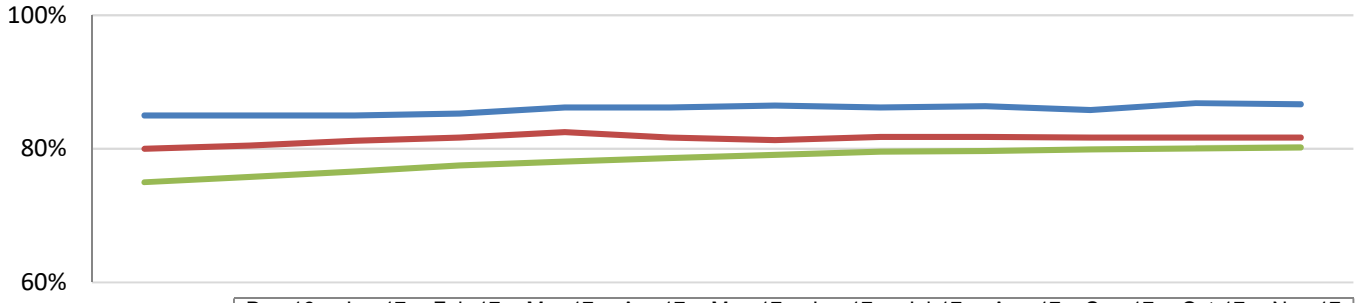
* For NHS Measures:
West = Plymouth Hospitals
East = RD&E
South = Southern Devon and Torbay
North = Northern Devon

Market Quality

Description

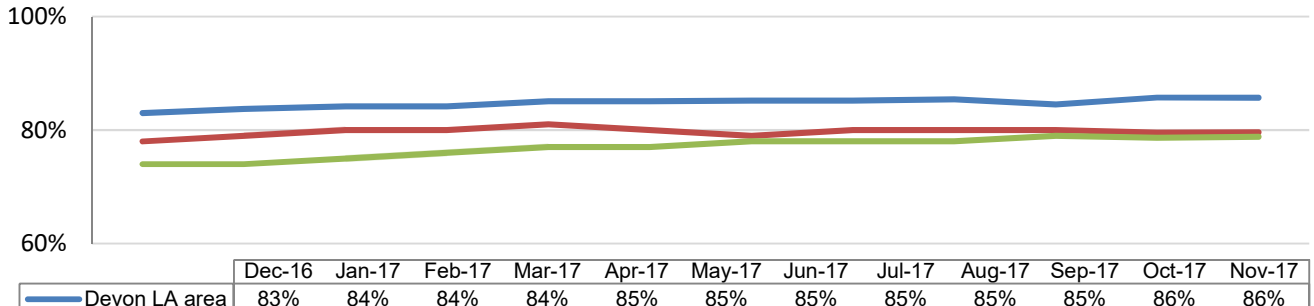
Market quality is assessed by the percentage of social care providers rated as either 'Outstanding' or 'Good' by the Care Quality Commission. Data shown is for active organisations only, not those inactive or de-registered.

Overall Outstanding or Good rating



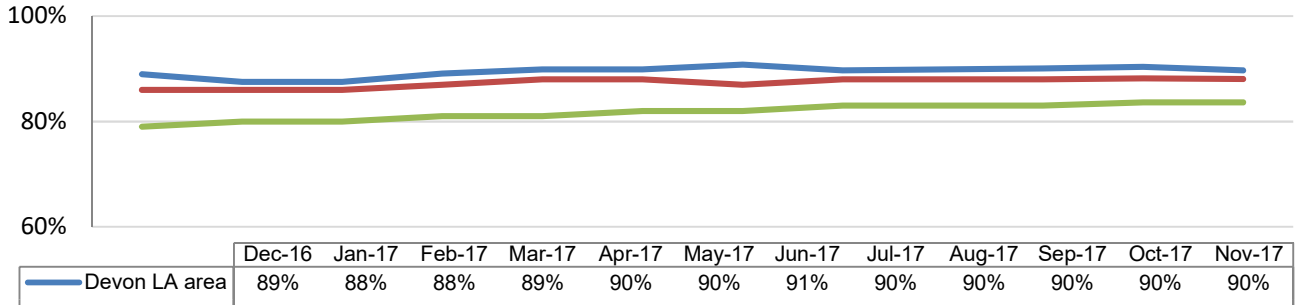
	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon LA area	85%	85%	85%	85%	86%	86%	87%	86%	86%	86%	87%	87%
South West	80%	81%	81%	82%	83%	82%	81%	82%	82%	82%	82%	82%
England	75%	76%	77%	78%	78%	79%	79%	80%	80%	80%	80%	80%

Residential Social Care Outstanding or Good rating



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon LA area	83%	84%	84%	84%	85%	85%	85%	85%	85%	85%	86%	86%
South West	78%	79%	80%	80%	81%	80%	79%	80%	80%	80%	80%	80%
England	74%	74%	75%	76%	77%	77%	78%	78%	78%	79%	79%	79%

Community Based Social Care Outstanding or Good rating



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon LA area	89%	88%	88%	89%	90%	90%	91%	90%	90%	90%	90%	90%
South West	86%	86%	86%	87%	88%	88%	87%	88%	88%	88%	88%	88%
England	79%	80%	80%	81%	81%	82%	82%	83%	83%	83%	84%	84%

Commentary

87% of Devon providers are rated Good or Outstanding by CQC compared with 82% regionally and 80% nationally. 90% of community based providers and 86% of residential providers are rated Good or Outstanding with the gap between these steadily closing.

Action

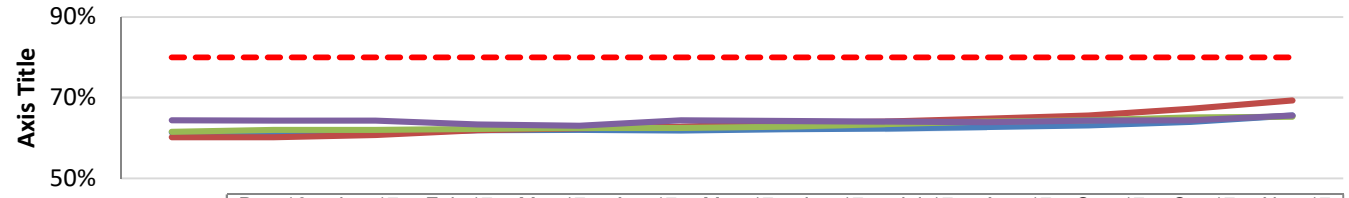
The successful approach of the Quality Assurance and Improvement Team has been extended to personal care, working with the Lead Providers under the Living Well at Home contract. The approach is intelligence-led, increasingly coordinated across the health and care system in wider Devon, and results in both positive interventions and sanctions balancing the imperatives of quality improvement and ensuring sufficiency and choice

Assessment/Review

Description

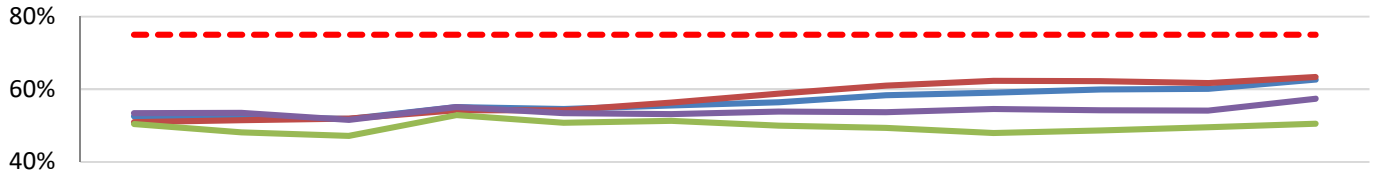
NI132 Timeliness of social care assessment (For new clients (aged 18+), the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks.
L37 Annual social care review – reviewable services (The number of clients receiving reviewable services at the end of the period and who received reviewable services for over 365 days in the period. Numerator - Clients in the denominator who received a review in the 12 month period.

NI132 Assessments completed within 28 days (new clients)



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon	61.4%	61.2%	61.3%	61.9%	62.0%	61.9%	62.2%	62.3%	62.7%	63.1%	64.0%	65.6%
East	60.2%	60.2%	60.8%	62.0%	62.4%	62.9%	63.7%	64.1%	64.8%	65.6%	67.3%	69.3%
North	61.6%	62.1%	62.1%	62.2%	62.5%	62.5%	62.8%	63.4%	64.1%	64.4%	65.1%	65.3%
South	64.4%	64.3%	64.3%	63.4%	63.0%	64.4%	64.3%	64.1%	63.9%	64.3%	64.4%	65.6%
Devon Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

L37 Annual review - reviewable services only



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon	52.6%	52.5%	51.9%	55.1%	54.6%	55.5%	56.4%	58.4%	59.1%	59.9%	60.11%	62.66%
East	51.0%	51.5%	51.9%	54.3%	54.2%	56.4%	58.8%	61.0%	62.3%	62.2%	61.7%	63.3%
North	50.4%	48.2%	47.2%	52.9%	50.8%	51.3%	50.0%	49.4%	48.0%	48.7%	49.5%	50.5%
South	53.5%	53.5%	51.6%	55.1%	53.4%	53.1%	53.9%	53.7%	54.6%	54.2%	54.1%	57.4%
Devon Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Commentary

NI132 The timeliness of assessments has been consistently below the target of 80% in Devon over the year. However, we have been successful in reducing waiting lists to their lowest level in the year, mainly through changes made in Care Direct Plus. The proportion of clients for whom all aspects of their care package were in place within 28 days consistently runs above 90%.
L37 The proportion of people receiving a review within 12 months of their last assessment or review has been consistently below 60% over the year, well below the target of 75%, but is now showing minor improvement. Productivity is broadly consistent between localities but there are variations between teams and individuals. Local managers receive monthly reports to facilitate their team and line management. There has been a 10% improvement in review performance since December 2016, which now stands at 63%.

Action

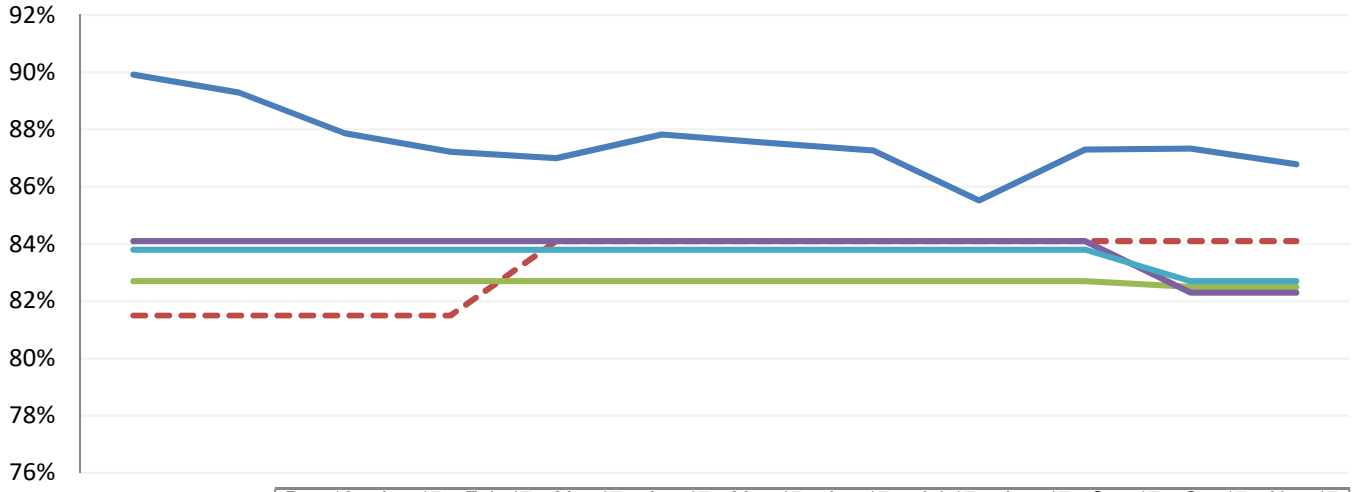
NI132 Changes to our operating model have been piloted in North Devon. We are now preparing to roll out the new approach countywide. Though reduced in scale, waiting lists are managed to ensure those with most pressing needs are prioritised for assessment and service provision.
L37 We have recently bought in additional review capacity focussed on those with the potential to achieve greater levels of independence and 186 reviews were completed by this team (in July, August, September, October and November) and will feed into performance numbers over the coming months.

Short-term services

Description

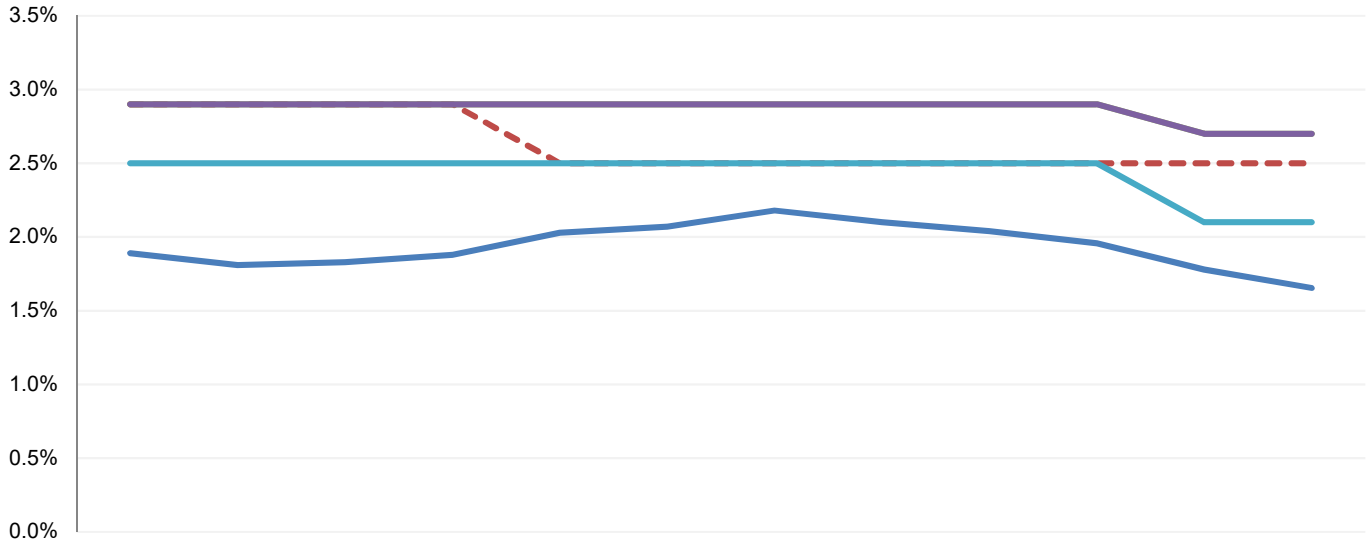
ASCOF 2B Older people (65+) still at home 91 days after hospital discharge into reablement/rehabilitation services (2B1 effectiveness of the service and 2B2 offered the service). Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. Remaining living at home 91 days following discharge is the key outcome for many people using reablement services.

Effectiveness - Proportion 65+ still at home 91 days after hospital discharge into reablement/rehab



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon	89.9%	89.3%	87.9%	87.2%	87.0%	87.8%	87.5%	87.3%	85.5%	87.3%	87.3%	86.8%
Devon Target	81.5%	81.5%	81.5%	81.5%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%
England Avg	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.7%	82.5%	82.5%
SW Avg	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	84.1%	82.3%	82.3%
Comparator Avg	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	83.8%	82.7%	82.7%

Coverage - Proportion 65+ offered reablement services upon discharge from hospital



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon	1.9%	1.8%	1.8%	1.9%	2.0%	2.1%	2.2%	2.1%	2.0%	2.0%	1.8%	1.7%
Devon Target	2.9%	2.9%	2.9%	2.9%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
England Avg	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.7%	2.7%
SW Avg	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.7%	2.7%
Comparator Avg	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.1%	2.1%

Commentary

Effectiveness – Reablement services are effective at keeping those we support from being readmitted to hospital with performance in excess of regional and national averages. We are also more effective at promoting the independence of those we support with reablement services after discharge (measured by the proportion who do not need ongoing services) than comparators.

Coverage - Our performance is on a slight upward trend but remains below comparators and target. Our current short-term service pathway means that we do not count e.g. rapid response service users in our return. We are also deploying reablement (and rapid response) capacity to ensure that those with personal care needs are met, some of whom won't be leaving hospital.

Action

Effectiveness - We currently screen in rather than screen out, with some people with more complex needs including those with dementia not being offered a reablement service even though with the right support they might benefit most. Our future arrangements will seek to support those with most potential to recover independence, not just those who need temporary support while they make a natural recovery.

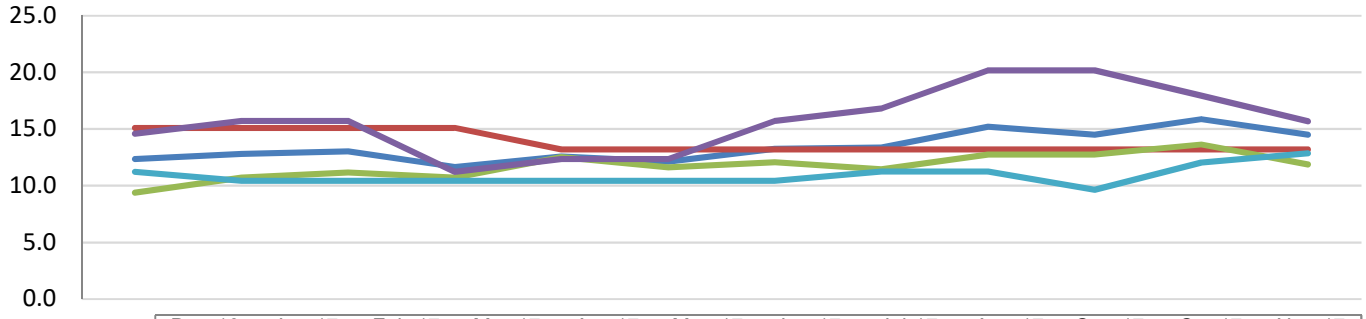
Coverage - We are reviewing our Short-Term Service (STS) offer across health and care to better integrate social care reablement with rapid response and NHS rehabilitation services to work better as a system to avoid unnecessary hospital admissions and prevent delayed transfers of care by improved discharge to assess arrangements. This should allow us to include STS not currently captured in the data as we believe we are currently under-reporting reach and over-reporting effectiveness.

Placement Rates

Description

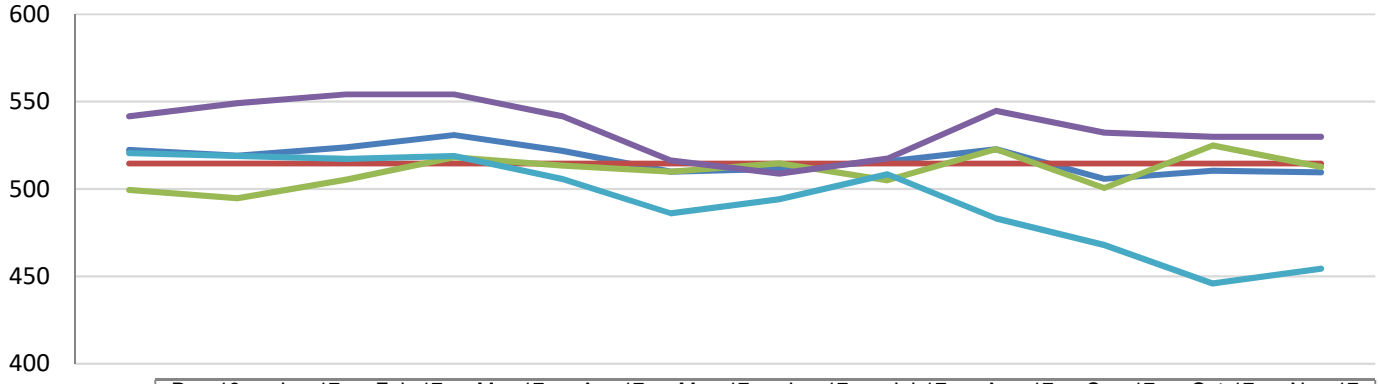
ASCOF 2A Long-term support needs of younger adults aged 18-64 (part 1) or older adults 65+ (part 2) met by local authority funded admission to residential and nursing care homes, per 100,000 population. (Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some individuals that admission to residential or nursing care homes can represent an improvement in their situation. Good performance is low.

2A(1) Residential Nursing admissions 18-64 per 100k pop.



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon	12.4	12.8	13.0	11.7	12.6	12.1	13.3	13.4	15.2	14.5	15.9	14.5
Target	15.1	15.1	15.1	15.1	13.2	13.2	13.2	13.2	13.2	13.2	13.2	13.2
East	9.4	10.7	11.2	10.7	12.5	11.6	12.1	11.4	12.8	12.8	13.6	11.9
North	14.6	15.7	15.7	11.2	12.4	12.4	15.7	16.8	20.2	20.2	17.9	15.7
South	11.2	10.4	10.4	10.4	10.4	10.4	10.4	11.3	11.3	9.6	12.1	12.9

2A(2) 65+ admissions to long term care per 100k pop.



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon	522	519	524	531	522	510	512	516	523	506	511	509
Target	515	515	515	515	515	515	515	515	515	515	515	515
East	499	495	505	518	513	510	515	505	523	501	525	513
North	542	549	554	554	542	516	509	517	545	532	530	530
South	521	519	517	519	506	486	494	508	483	468	446	454

Commentary

In Devon we have successfully reduced the proportion of older and younger adults relative to population being accommodated in residential or nursing care homes from above to below the regional and national averages by better supporting people in their own homes and also perform at or below our target level.

Action

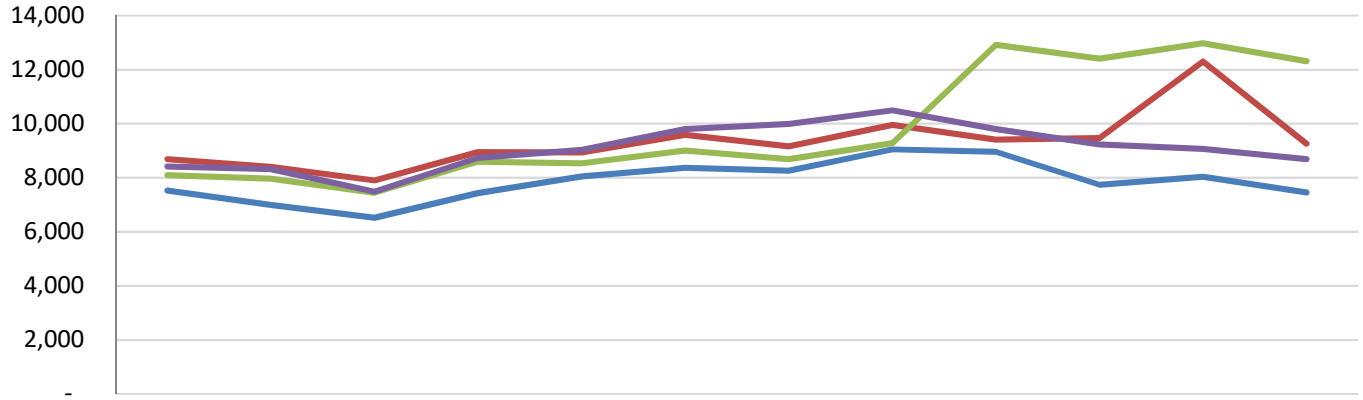
We are now focussed on developing our community based offer for those groups where we benchmark above comparators: younger adults with mental health needs, or where length of stay is longer than average e.g. older people with dementia.

Urgent Care 4 Hour Target Performance

Description

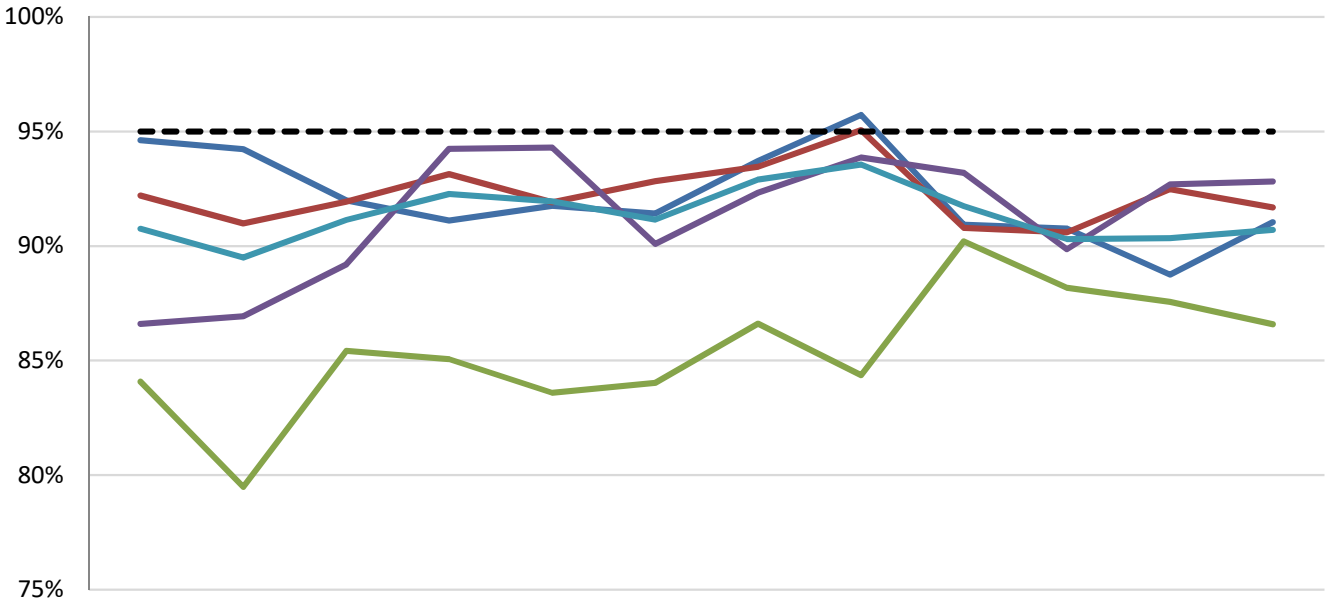
All Type performance – this is the total number of patients that are treated and discharged or have a decision to admit within 4 hours at an Emergency Department, Minor Injuries Unit, Walk in Centre, or Minor Injuries Service.

Urgent care 4 hour attendances (All)



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Northern Devon	7,524	6,990	6,520	7,432	8,049	8,370	8,265	9,050	8,962	7,741	8,035	7,462
Royal Devon and Exeter	8,689	8,400	7,902	8,952	8,940	9,589	9,165	9,953	9,411	9,468	12,304	9,255
Plymouth Hospitals	8,102	7,964	7,446	8,595	8,537	9,007	8,693	9,286	12,921	12,415	12,977	12,317
Southern Devon and Torbay	8,419	8,323	7,487	8,737	9,030	9,799	9,989	10,494	9,806	9,230	9,073	8,694

Urgent Care - Performance



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Northern	95%	94%	92%	91%	92%	91%	94%	96%	91%	91%	89%	91%
Eastern	92%	91%	92%	93%	92%	93%	93%	95%	91%	91%	92%	92%
Western	84%	79%	85%	85%	84%	84%	87%	84%	90%	88%	88%	87%
Southern	87%	87%	89%	94%	94%	90%	92%	94%	93%	90%	93%	93%
STP Overall	91%	89%	91%	92%	92%	91%	93%	94%	92%	90%	90%	91%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Commentary

The information above shows performance against the four hour target A&E target in each of the 4 acute hospitals within Devon. The target performance level is 95%, although each of the Trusts has their own trajectory to hit this target by the end of March 2018. In addition to performance in acute hospitals, where a provider also delivers minor injuries services in a community setting they are able to count this activity within the overall performance metric.

The latest (November) overall position for the four systems is:

Northern = 91% Eastern = 92% Western = 87% Southern = 93%

Performance in Devon has fallen slightly in 2017/18 compared with the previous year but remains above the national average (90%). Whilst performance in Eastern and Southern Devon has remained relatively good when compared to improvement trajectories and the national position, Northern Devon has seen a sustained reduction in performance and the Western system continues to see urgent care pressure affecting the 4-hour target.

All four Trusts have seen an increase in A&E attendances and emergency admissions compared to the same period last year, and also an increase in acuity. This increase in volume and acuity has meant that flow across the health and social care system has been more difficult resulting in lower performance within A&E departments.

Action

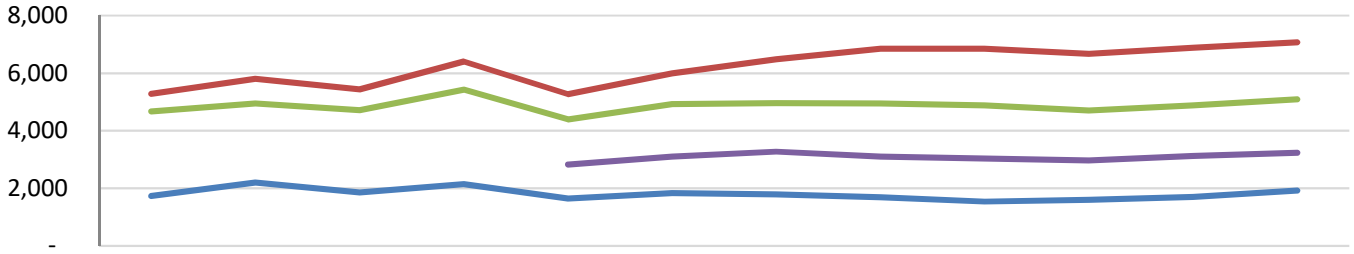
A&E performance is a measure of how the whole system is operating due to its reliance on flow throughout the hospital to admit patients which is then reliant on the effectiveness of community services to receive patients from the acute hospital. Each of the four health and social care systems has a detailed plan in place to address acute and community pressures which will lead to an overall increase in performance. Each A&E team also has a specific action plan to ensure that processes are improved and monitored within the Department.

Admissions – Elective and Non-elective

Description

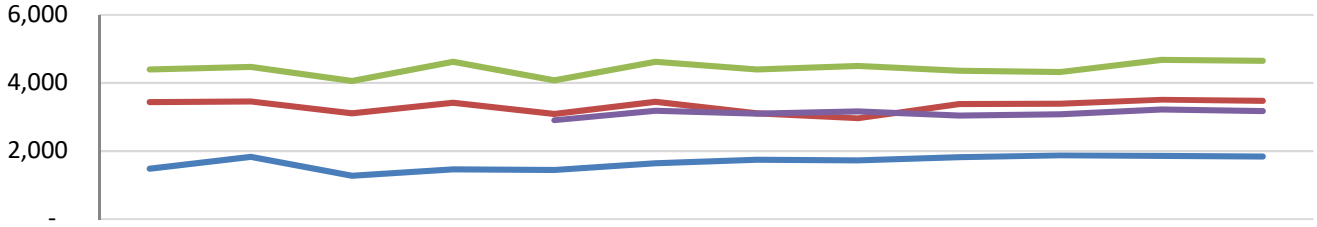
Elective Admissions – this is the number of patients who are attending hospital for a planned episode of care (i.e. a known operation)
Non-Elective Admissions – this is the number of patients who attend hospital in an unplanned manner. This is usually via the Emergency Department or Medical Assessment Unit (MAU)

Elective admissions



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
NDHT	1,738	2,203	1,857	2,147	1,647	1,834	1,789	1,692	1,541	1,606	1,700	1,922
RD&E	5,284	5,811	5,444	6,411	5,272	5,990	6,480	6,848	6,846	6,673	6,885	7,075
PHT	4,666	4,954	4,720	5,429	4,394	4,929	4,964	4,951	4,883	4,704	4,886	5,090
SD&T					2,828	3,099	3,275	3,101	3,040	2,975	3,131	3,238

Emergency non elective admissions



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
NDHT	1,478	1,825	1,274	1,461	1,447	1,638	1,743	1,722	1,823	1,871	1,854	1,837
RD&E	3,436	3,454	3,106	3,418	3,093	3,442	3,109	2,961	3,383	3,390	3,507	3,478
PHT	4,400	4,475	4,056	4,626	4,078	4,622	4,392	4,501	4,360	4,321	4,678	4,646
SD&T					2,907	3,179	3,100	3,167	3,043	3,081	3,224	3,173

Commentary

The average daily level of non-elective admissions has increased during 2017/18. This is reflective of the higher level of activity and acuity that the system has experienced, which has increased during quarter three.

Elective admissions are lower than planned partly due to the focus on supporting urgent care pressures. This is likely to continue during quarter four as elective operations are reduced to ensure capacity is available for emergency admissions and to ensure flow is maintained through hospitals.

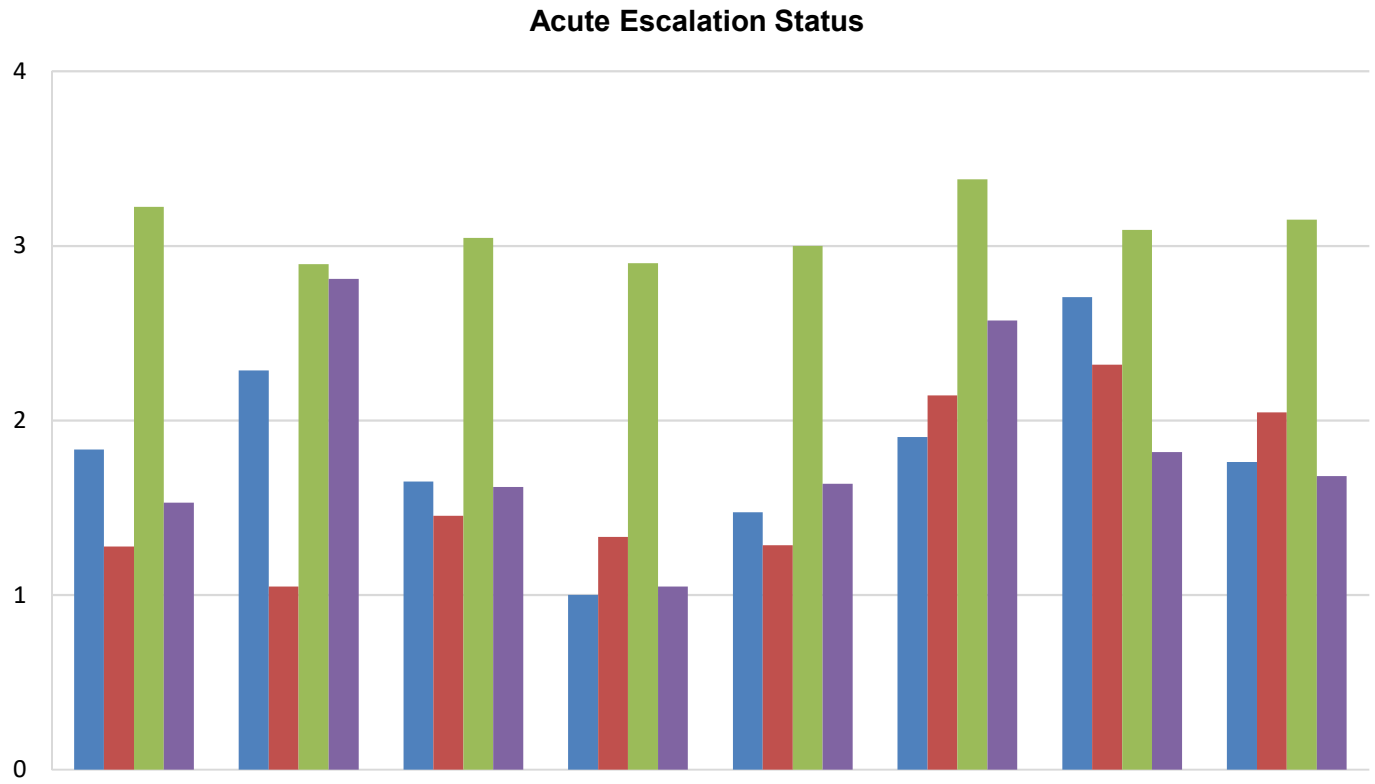
Action

Management of non-elective admissions is covered within the A&E Delivery Plan referenced above and includes actions to avoid admission to hospital and enable patients to better manage their conditions in the community, preferably in their own home. The STP has robust referral management processes to ensure that patients receive only the care that they require.

Escalation Status – Average OPEL Score

Description

The Operational Performance and Escalation Level (OPEL) is set by each provider on a daily basis between 1 (no escalation) and 4 (full escalation).



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
NDHT	1.83	2.29	1.65	1.00	1.47	1.90	2.71	1.76
RD&E	1.28	1.05	1.45	1.33	1.29	2.14	2.32	2.05
PHT	3.22	2.89	3.05	2.90	3.00	3.38	3.09	3.15
SD&T	1.53	2.81	1.62	1.05	1.64	2.57	1.82	1.68

Commentary

The level of pressure within the healthcare system is measured using OPEL: Operational Performance and Escalation Level. This grades organisations from Level 1 (not escalated) to Level 4 (fully escalated) according to a set of criteria. These include the level of bed occupancy and operational performance. The table and chart above show the average daily OPEL score for each of the four acute Trusts within Devon.

The average OPEL level typically increases for providers as we progress through the year, with highest levels experienced during winter months. This pattern is evident this year, with all four acute providers seeing periods of Opel 3 in December and, in some cases, escalation to Opel 4.

Increases in the OPEL level have been caused by pressure on hospital beds and increased volumes of patients within hospitals. Flow has been made difficult by the acuity of patients and pressure on community services to take patients. Derriford Hospital continues to be escalated to OPEL3 or OPEL 4 every day due to significant operational pressures in the Western Devon system.

Action

The overall management of escalation is driven by the delivery of the wider system plan.

The CCG has agreed a consistent set of escalation metrics across the four acute providers which will be used to manage escalation processes this year and ensure that the declarations made are consistent.

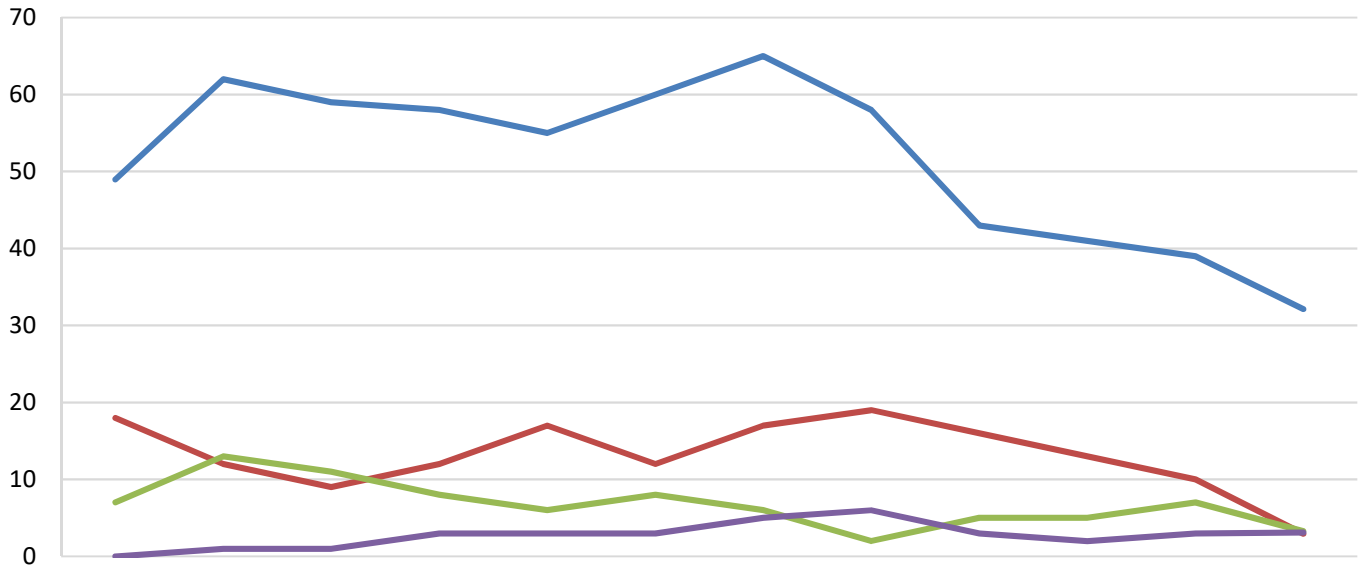
A&E Delivery Boards review progress against plans to improve system flow, whilst in Western Devon a System Improvement Board (SIB) is focused on the specific issues that are affecting that community, including gaps in primary care capacity.

Delayed Transfers of Care

Description

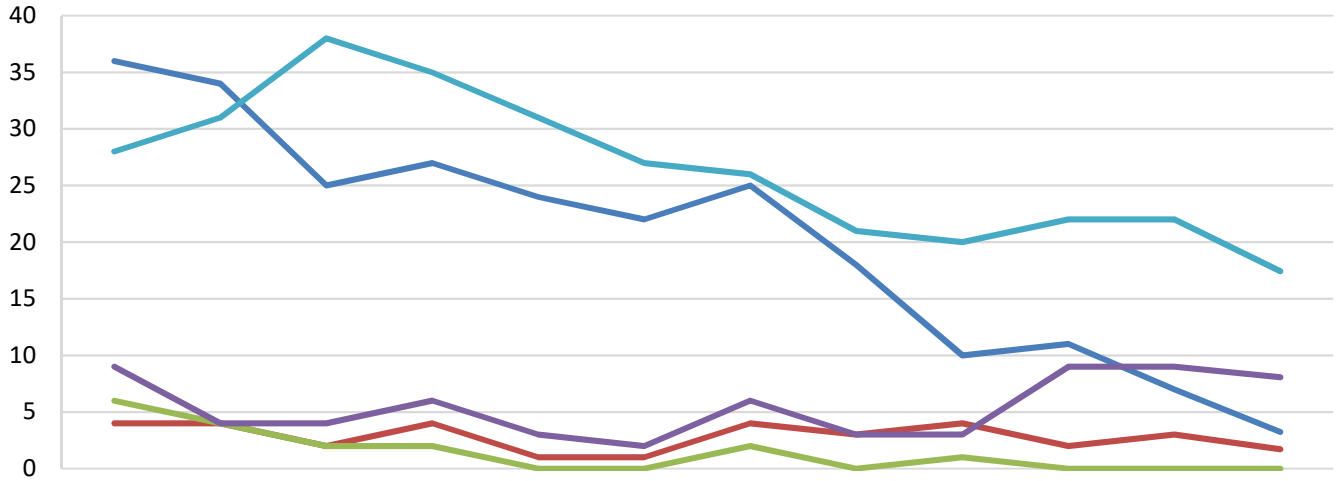
A delayed transfer of care occurs when a patient is medically fit for discharge from acute or non-acute care and is still occupying a bed.
This indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the key objectives of the health and care system with national monitoring.

Average daily number of bed days lost to delayed transfers by acute provider



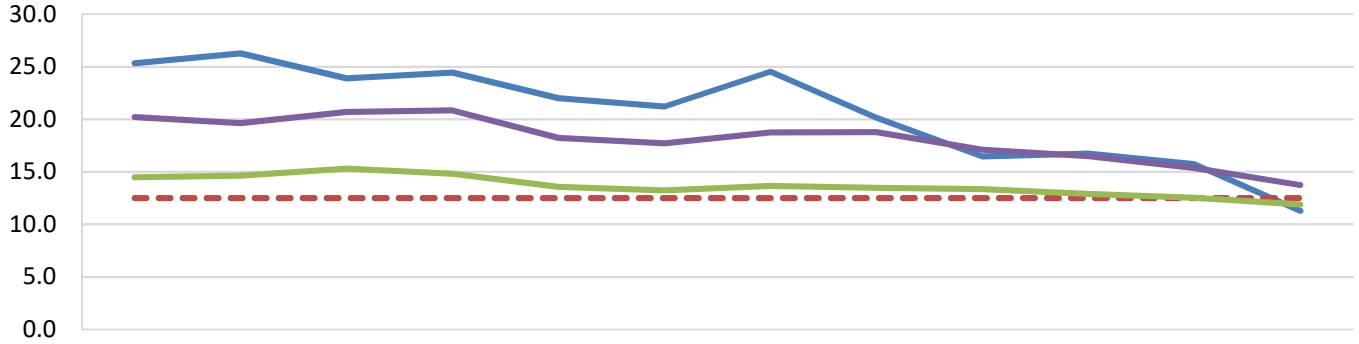
	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
RD&E	49	62	59	58	55	60	65	58	43	41	39	32
NDHT	18	12	9	12	17	12	17	19	16	13	10	3
PHT	7	13	11	8	6	8	6	2	5	5	7	3
T&SD	0	1	1	3	3	3	5	6	3	2	3	3

Average daily number of bed days lost to delayed transfers by non acute provider



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
RD&E	36	34	25	27	24	22	25	18	10	11	7	3
NDHT	4	4	2	4	1	1	4	3	4	2	3	2
PHT	6	4	2	2	0	0	2	0	1	0	0	0
T&SD	9	4	4	6	3	2	6	3	3	9	9	8
DPT	28	31	38	35	31	27	26	21	20	22	22	17

Monthly rate of bed day delays per 100k of population



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Devon	25.3	26.3	23.9	24.4	22.0	21.2	24.5	20.2	16.5	16.7	15.7	11.3
Devon Target	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5
England Avg	14.5	14.7	15.3	14.8	13.6	13.2	13.6	13.5	13.4	12.9	12.5	11.9
SW Avg	20.2	19.6	20.7	20.8	18.2	17.7	18.8	18.8	17.1	16.5	15.4	13.7

Commentary

The top 3 reasons for delay (all sources): Awaiting further non-acute NHS care (22%), Completion of assessment (19%), Care package in own home (17%)

In November 2017, 72% delays are attributable to NHS, 17% to Social Care and 11% to Both. Nationally, the split is 58%, 34% and 8%

Devon County Council ranks 93 out of 151 for the monthly rate of all delays. DCC rank 61 when only considering delays attributable to Social Care.

In the 12 months to November 2017 RD&E accounted for 69% of acute delays (55% of all delays). DPT accounted for 46% of non-acute delays (20% of all delays).

Action

We have agreed a system wide action plan to reduce DToC, developed with providers and commissioners from both health and social care, including mental health. This includes the following underlying principles:

1. Embed a cultural approach to delayed transfers which addresses two key issues:
   o. home should be the discharge location of choice, and
   o. that there should be a zero tolerance to delay.
2. Ensure that the best practice High Impact Changes are achieved in each community.

We have gathered learning from elsewhere, including visiting areas with good DToC performance, as well as taking the learning from a DToC peer review in the Eastern locality. The peer review team came from NHSE, NHSI and the LGA and observations included:

• Since the integration of community and acute services the system wide level of DToC has fallen
• Early stages of integration are promising
• Robust plans for the future about doing the right thing by people which will also drive out improvements in performance
• System commitment to not compromising the long term outcome by rushing to make short term changes

We have also conducted self-assessments against the High Impact Changes in each locality, and will use this to help measure the success of our BCF DToC plans.

Projects to help reduce DToC include:

- Development of an enhanced community response
- Increased capacity within social care reablement
- Development of a Trusted Assessor model
- Review and improve the CHC assessment pathway in the community
- Care Home education
- Increased market sufficiency