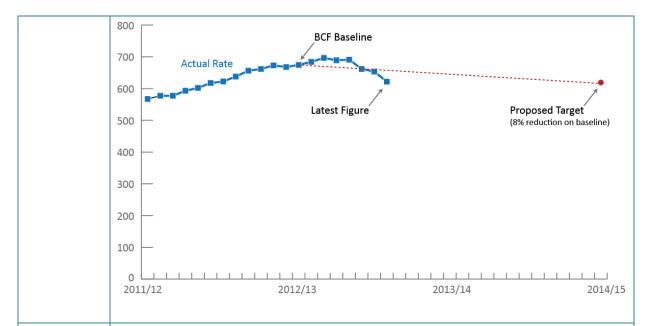
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

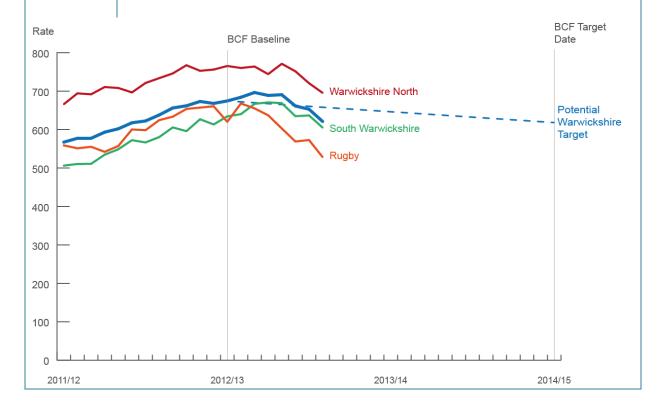
Outcome Sought	Reducing inappropriate admissions of older people (65+) in to residential care.
Data Source / Notes	Description: Annual rate of council-supported permanent admissions of older people to residential and nursing care. Numerator: Number of council-supported permanent admissions of older people to residential and nursing care, excluding transfers between residential and nursing care (aged 65 and over). This is from the ASC-CAR survey. Denominator: Size of the older people population in area (aged 65 and over). This should be the appropriate ONS mid-year population estimate or
	This information is captured by adult social care finance systems. The indicator counts supported admissions (i.e. where the council is making a contribution towards the cost of the placement) where there is no immediately preceding residential or nursing care package. The data is available monthly but there is a 2-3 month lag before all data is available. Historical and baseline figures validated against the data supplied on the BCF website, which is taken from the HSCIC.
Baseline & Trend	The underlying trend from April 2011 through to the BCF baseline period saw an increase in the number of monthly admissions. In the twelve month period Apr-11 to Mar-12 the admission rate per 100,000 population was 567. During the following twelve months, the rate rose to 674. This figure provides the baseline for the BCF measurement period (Apr-12 to Mar-13). There have been some reductions since April 2013, with the average monthly number of admissions falling from 59 in 2012/13 to 53 so far in 2013/14.
Proposed Target	Our targets will be assessed to ensure that they are striving to achieve a <i>statistically significant</i> improvement. The BCF provides a tool to identify what scale of reduction would be required to achieve such an improvement. Based on the projected population size by 2015, we would need to achieve a reduction in our admissions rate of 8% by the end of 2014/15. This translates as a rate of 618 per 100,000 population or 686 admissions during 2014/15. To put this in context, the total number of admissions during the most recently available twelve months (Nov-12 to Oct-13) has been 661. Although it appears we could actually reach an acceptable target with a small increase in admissions, this needs to be placed in the context of an increasing population.



CCG Analysis

As requested as the February meeting of the Joint Adults Commissioning Board, we have disaggregated the county-level total into figures for the three CCGs. This is to help determine whether there are local variations in admissions rates across the county. In the case of Coventry & Rugby, we have just examined the Rugby aspect so that the figures re-aggregate to the Warwickshire total.

	April-12 to March-13 Baseline	
	Number	Rate
Warwickshire North	260	765.3
Rugby	113	620.1
South Warwickshire	331	634.3
Warwickshire	704	674.5

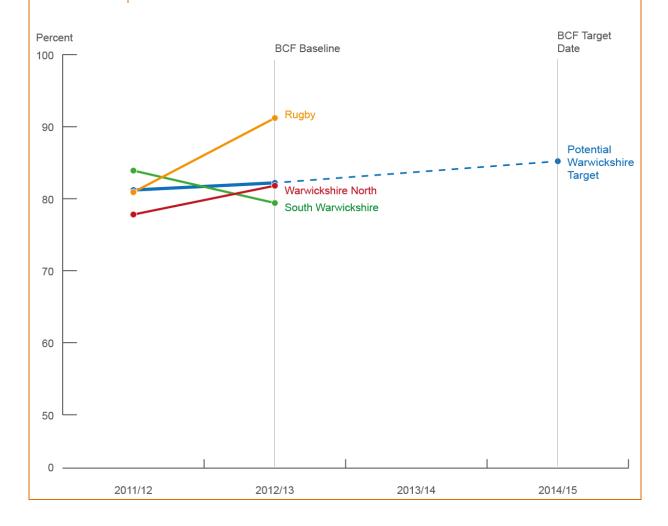


Outcome Sought	Increase in effectiveness of these services whilst ensuring that those offered service does not decrease
Data Source / Notes	Information for this measure comes from two sources: 1. People identified as receiving reablement following a stay in hospital, either referred by a hospital social care team or CERT. This is captured by council systems 2. People identified as receiving intermediate care following a stay in hospital. This information is captured by health systems and fed back to WCC for submission in statutory returns In each case the responsible organisation checks if the person was living at home 91 days after their discharge from hospital; local arrangements are in place to do this. Historical and baseline figures validated against the data published on the BCF website, which is taken from the HSCIC. Sub-County figures may not sum to the Warwickshire total due to the published county level being rounded to the nearest five people.
Baseline & Trend	This measure has remained consistent in recent times, at 81.2% in 2011/12 and 82.2% in 2012/13. This second figure will be used as the baseline for the BCF measurement.
Proposed Target	It is more difficult to forecast this measure as we have to predict both the denominator (the number of older people discharged from hospital into reablement/rehabilitation services) and the numerator (the number of these people still at home after 91 days). To achieve a <i>statistically significant target</i> , we would need to improve the rate by about 4%. This, based on the projected population, would mean an increase in the metric of about three percentage points or a rate of 85.2%. BCF Baseline Actual Rate BCF Baseline
	Proposed Target (4% improvement on baseline) 60 50 40 30 20 10 0 2011/12 2012/13 2013/14 2014/15

CCG Analysis

The table below presents a disaggregation of the county-level total into figures for the three CCGs. In the case of Coventry & Rugby, we have just examined the Rugby aspect so that the figures re-aggregate to the Warwickshire total. Please note that the CCG figures do not sum precisely to the county total due to rounding of the published county figure.

	April-12 to March-13 Baseline		
	Number	Denominator	Percentage
Warwickshire North	135	165	81.8%
Rugby	125	137	91.2%
South Warwickshire	432	544	79.4%
Warwickshire	695	845	82.2%

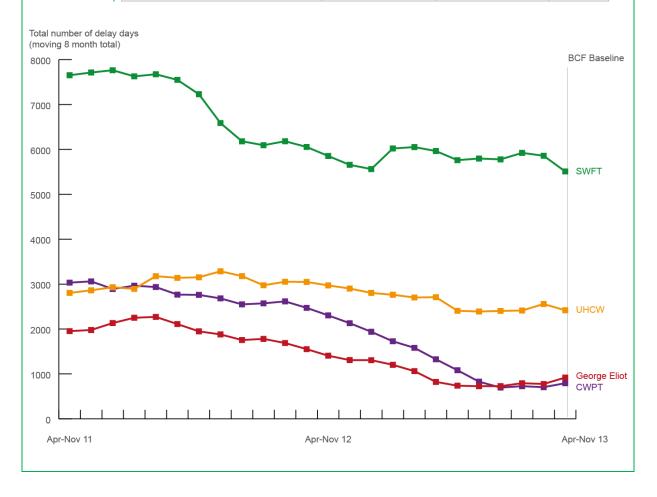


Outcome Sought	Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.
Data Source / Notes	This indicator uses a snapshot of the last Thursday of each month for people whose discharge from hospital has been delayed. The delays are signed off by ward managers and social care managers each week along with the reason for delay and responsible organisation. This is submitted by the hospital to the national delayed discharge system, Unify. Up to date information is available on the NHS Statistics website .
	Although locally and within ASCOF this metric has traditionally been presented in terms of patient numbers, the <u>BCF website</u> , using data from NHS England, has presented the historical volumes in terms of overall days delayed.
	This dataset cannot be presented on a CCG-level. Instead, our sub-county analysis considers provider-based statistics as a proxy for exploring local variations.
Baseline & Trend	Our baseline covers the period April to November 2103. During this time, we had an average of 294 days delay per month, per 100,000 population.
	This indicator has been improving considerably in recent times, from an average of 2,127 delays per month in April-November 2011 to the current level of 1,193 in November 2013.
Proposed Target	In order to achieve a statistically significant improvement on this measure, we would need to reduce the number of delayed transfer days from 1,295 to 1,233 per month. The guidance does not clarify whether a statistically significant improvement is required by the time of the first payment (December 2014) or the second date (June 2015). If we work to the second date, we would need to reduce the metric from 294 to 275 per 100,000 population.
	Latest figure & Minimum Target
	100
	0 Mar-12 Jun-12 Sep-12 Dec-12 Mar-13 Jun-13 Sep-13 Dec-13 Mar-14 Jun-14 Sep-14 Dec-14 Mar-15 Jun-15

Provider Analysis

As described earlier, it is not possible to present this dataset on a CCG basis, as the information relates to providers. As such, the numbers do not necessarily sum to the county total. Calculating rates on a provider basis is problematic, so the sub-county analysis presented below provides raw counts (total number of delay days). This still enables us to understand the relative volumes across each provider as well as the direction of travel.

	April-13 to November-13 Baseline		
	Average day delays per month	Denominator (proxy using Districts)	Metric
George Eliot	124	-	-
UHCW	297	-	-
SWFT	690	-	-
Coventry & Warwickshire Partnership NHS Trust	101	-	-
Warwickshire	1,294	439,845	294

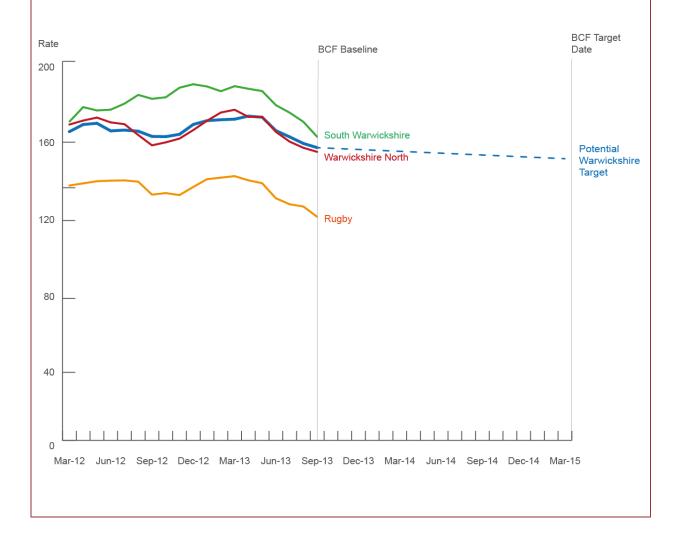


Source / Notes BCF w County CMCS until 1 this is Baseline & During average general popular. The unwith performance of the county of the coun	cal and baseline figures validated against the data published on the rebsite, which is taken from Hospital Episode Statistics (HES). Subvigures provided by Arden CSU. Apr 11-Mar 12 & Apr 13 - Dec 13 U data; Apr 12-Mar 13 NHS England Operational Atlas (please note: April 2013, PCTs (CCGs) were responsible for Specialised Services - now provided by NHS England. The BCF baseline period April – September 2013 there was an use of 852 avoidable emergency admissions in Warwickshire per month, ating a metric of 155.5 avoidable emergency admissions per 100,000 tion per month. Inderlying trend during the past three years has been relatively static, eaks typically occurring in December of each year. In on the tool provided with the BCF guidance, we would need to achieve ection of around 3% to achieve a statistically significant improvement on easure. Therefore, our proposed target for the second payment period ere – March 2015) is a metric of 143.5 per 100,000 population per action. Given the expected population rise during this period, this translates imerator (actual admissions) of 809 per month. Inderstand the CCGs have submitted a draft operational plan to the area which proposes a 10% decrease between 2012/13 and 2018/19 for this period, and 2018/19 for this period, and 2018/19 for this period.
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80 — 40 — 2011/12	Actual Rate Latest Figure & BCF Target Minimum Target

CCG Analysis

The table below presents estimated data for the sub-county areas. Note that the sum of these does not necessarily match the county total as there are some small discrepancies between locally produced figures and the Warwickshire totals published on the BCF website.

	April-13 to September-13 Baseline		
	Numerator	Denominator	Metric
Warwickshire North	287	189,456	151
Rugby	120	102,677	117
South Warwickshire	418	262,487	159
Warwickshire	852	554,620	154



Outcome Sought

To demonstrate local population/health data, patient/service user and carer feedback has been collated and used to improve patient experience. To provide assurance that there is a co-design approach to service design, delivery and monitoring, putting patients in control and ensuring parity of esteem.

Baseline & Trend

Payment can be based on either an existing or a newly developed local metric or on a national metric. The BCF guidance has not released details of a national metric at this stage. Analysis of potential existing measures has identified a number of shortcomings in these measures, particularly in their ability to reflect experience across entire journeys of care and sectors. Therefore, a new national metric is currently being developed.

We have two options; wait for the details of the national metric to emerge or define our own local measure on the theme of patient/user experience. For those choosing to use the national metric details of payment will be confirmed once the national metric has been agreed.

If we go for the latter, then one option is to use the measure 'Social Care-related Quality of Life'. This is derived from the annual National Social Care Survey. The measure is comprised of the responses to eight specific questions within the survey. Each question provides a score based on how positively it was answered (according to the multiple choice options) and those scores are summed to provide the numerator. The denominator is based on the total number of respondents to the survey to answer all eight of those questions. The measure is presented as a score out of 24.

The current baseline ASCOF score for the 2012/13 survey was 18.5. The ASCOF measures have only recently been implemented in this format so comparative data for previous years is not available.

Proposed Target

It is very difficult to predict a trend for these survey results as there are so many variables involved including:

- Overall response rate
- Make up of respondents
- Proportion of those respondents completing all 8 questions
- Respondents understanding of the questions
- Respondents understanding of the services they receive
- Respondents opinions of the services received

However, if the proportion of people responding to each question with the most positive possible score increase by 1% (i.e. moving 1% from the least positive possible score to the most positive possible score) the overall ASCOF measure would increase to 18.7.

CCG Analysis

This indicator is derived from fairly complicated calculations; we can explore the feasibility of producing sub-county figures if this measure is ultimately selected for inclusion in our BCF indicators.

Local Metric:

Proportion of people feeling supported to manage their (long term) condition

Outcome Sought	As well as the pre-determined national metrics, we must choose one additional indicator. The BCF guidance makes recommendations on suitable measures and Warwickshire has opted to use one of these; "Proportion of people feeling supported to manage their (long term) condition". This is taken from the NHS Outcomes Framework.
Data Source / Notes	Data is made available via the HSCIC and is based on responses to a question from the GP Patient Survey (GPPS). The numerator is the total number of 'Yes, definitely' or 'Yes, to some extent' answers to GPPS Question 32: In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term condition(s)? Please think about all services and organisations, not just health services Yes, definitely / Yes, to some extent / No / I have not needed such support / Don't know/can't say The denominator is the total number of 'Yes, definitely', 'Yes, to some extent' and 'No' answers to question 32 above. The survey results are published annually and are available approximately three months after the end of each data collection period, e.g. 2013/14 data released in summer 2014.
Baseline & Trend	The latest figure for Warwickshire, covering the period July 2012 – March 2013, was 66.5%. This is based on the responses of around 3,500 patients with long term conditions. The comparative figure in 2011/12 was 68.3%. Nationally, the figures for upper-tier local authorities range between 54% and 74%, and Warwickshire falls in the second quartile.

