National and locally defined metrics

Selected Health and Well Being Board:

Tower Hamlets

Non-Elective Admissions	Reduction in non-elective admissions	
Please provide an update on indicative progress against the metric?	On track to meet target	
Commentary on progress:	Quarter 2 data indicates NEA levels at 5,338 against a plan of 5,469.	

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	
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Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target	
	Quarter 2 DTOC rate of 702.3 against a plan of 590.9. This is an improvement from Quarter 1 (DTOC rate of 756.7), as well as Quarter 2 in the previous year (DTOC rate of 775.5).	
	The plan was set based on the 14/15 baseline for this metric. We believe that there was previous recording issues on DTOCs driven by data quality problems which have since been resolved. Our improvements quarter on quarter suggest the work underway to manage DTOC pressures is effective.	
	For instance, the DTOC target for the Royal London Hospital is 2.5% of an acute bed base of 544. This translates to no more than 13 DTOCs at any given time. The primary issue with DTOCs relates to delayed assessments and placement for complex neuro-rehabilitatic patients. NHSE are responsible for the commissioning of these services and this is an issue across London. NHSE have initiated a pan-London review to look into this; Tower Hamlets CCG is participating in this review. Neuro-rehabilitation patients aside, although there	
	are fluctuations, we largely meet the DTOC target and have put in place a number of measures to facilitate discharge, such as: a. Weekly "get me home" meetings organised by the Trust, which the CCG attends b. Funding of a number of schemes including:	
	- Out of borough social worker to liaise with out of borough Local Authorities to facilitate discharge for patients who do not live in Tower Hamlets	
	- 2 additional continuing healthcare nurses, to support with the timely completion of continuing healthcare assessments	
	- Commissioning of Age UK to escort (medically fit for discharge) patients home and support them with practical tasks to help them	
	settle at home e.g. stock fridge, shopping etc.	
	 Additional resource for our admission avoidance and hospital at home teams, and the discharge to assess home pathway, and spot purchase of step down beds. 	
Commentary on progress:		

Local performance metric as described in your approved BCF plan	Non Elective Admissions - Month on Month Rate per 1000 (of the risk bands 1 & 2)	
Please provide an update on indicative progress against the metric?	On track to meet target	
	Data is currently only available for Jul & Aug 2016. Based on a 2 month average, the quaper a plan of 55.6. This is a slight deterioration from quarter 1 (rate of 55.6). However, this quarter 2 saw the highest non elective admissions rate, in comparison to the rest of the	s correlates with fluctuations in 2015/16, where
Commentary on progress:	2016/17, with the target being met at year end.	

If no local defined patient experience metric has been specified, please give details of the		
local defined patient experience metric now being used.		
Please provide an update on indicative progress against the metric?	Data not available to assess progress	
	There has been a delay in the production of a local patient experience questionnaire by the Picker Institute that has been developed	
	through the AETNA Foundation pilot. This has now been resolved and the questionnain	e is expected to be released imminently. The CCG
Commentary on progress:	will then begin to negotiate reporting and targets with the relevant providers.	

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
	Q2 Performance has not met the target. In Q2 there were fewer admissions than in Q2 last year – 26 compared to 31, though recording lag could mean the current Q2 figure will rise. The rolling year figure to the end of September has fallen slightly, to a rate of 673 per 100,000, though this could also rise. Overall, there appear to be an increasing number and rate of over 85s being admitted to nursing and residential care (21 people in Apr-Sept 2015, compared to 32 in Apr-Sept 2016) with a reduction in the 65-74 age group (10 during Apr-Sept 2015, compared with 5 in the period Apr-Sept 2016). Case auditing is taking place to better understand the context for
Commentary on progress:	placements being made. Current performance is very low compared with in-year un-validated London benchmarking data.

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	On track to meet target
	The Q2 performance where clients had the 91-day period fall between July and September was 89%. Reablement services continued to
	monitor their clients to track performance, and council continue to work with NHS to obtain discharge and admission data to improve
	performance monitoring. The 2015/16 outturn for Reablement was 79%. Therefore the trend is towards an improvement in
	performance as at Q2 2016/17. However, due to a small cohort, the measure is quite volatile and this could still be reversed through
Commentary on progress:	poor performance in Q3/4.

Footnotes

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.

For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the