

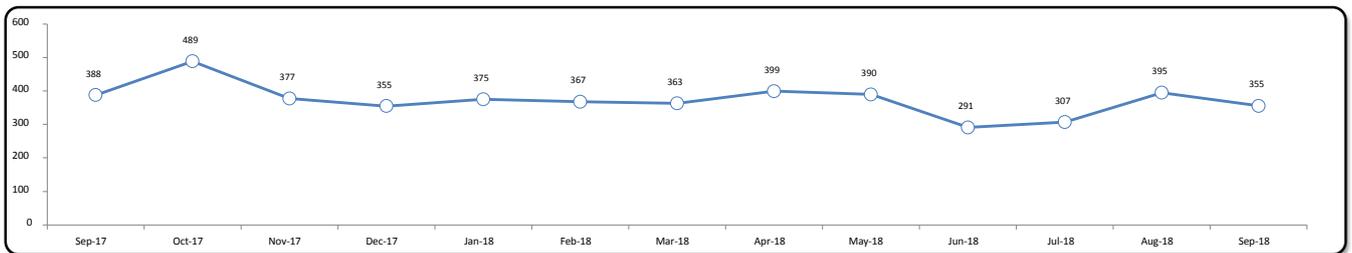
Appendix 1

Better Care Fund Performance Metrics

1. Performance figures reports are most recent data for each indicator
2. Latest performance is presented against planned performance as an indication of variance from target and a comparison is given to previous year
3. Regional or National benchmark data is provided where available, dependent on the indicator

Delayed Transfers of Care (DToC) beddays per 100,000 adult pop

Latest data available Sep-18	355	Vs same period last year Sep-17	388	Latest full quarter available Jul - Sep 18	1,057	Vs BCF plan Jul - Sep 18	835
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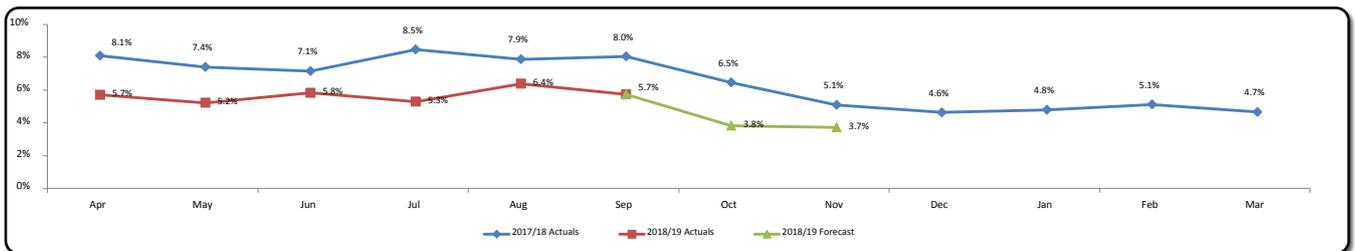


Source: NHS England Statistics

Whilst the overall DTOC performance for the Brighton and Sussex University Hospital System has shown improvement towards our system target, as indicated in the next graph, performance improvement is less clear when applied only to Brighton and Hove Residents who remain the highest proportion of patients delayed in the County hospital.

% of beds occupied by Delayed Transfers of Care (DToC) patient at Brighton & Sussex University Hospital

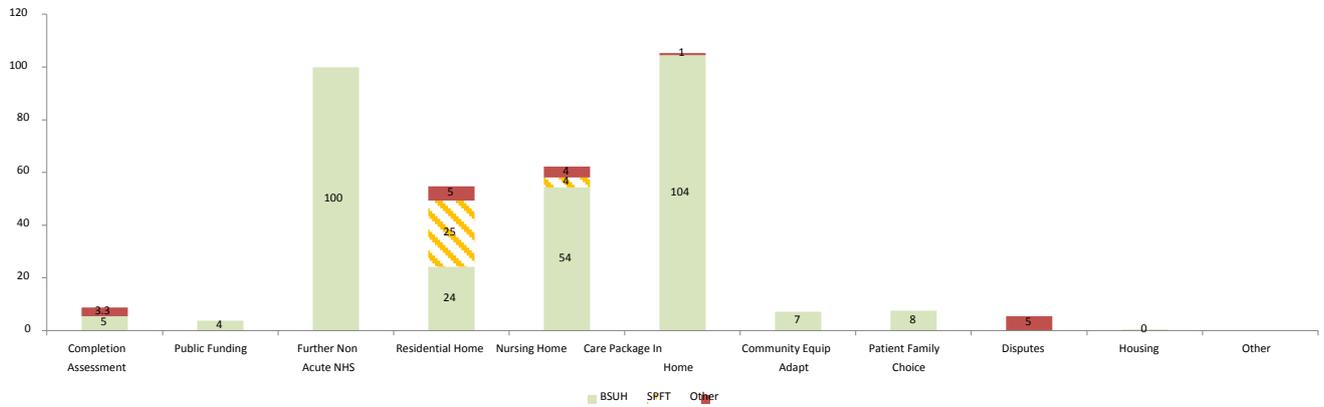
Latest data available Sep-18	5.7%	Vs same period last year Sep-17	8.0%	Other Peer finder group Sep-18	4.2%	National standard	3.5%
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Source: NHS England Statistics

The key measure which is a focus of the Better Care Programme is Delayed Transfers of Care (DTOC). The impact of BCF initiatives are now showing to have greater affect, with recent months DTOC performance approaching the agreed system target of 3.5%. This demonstrates excellent progress within the system against a target which historically has proved a challenge to deliver.

Total Brighton and Hove Unitary Authority area - Delays by reason per 100,000 - Sep-18

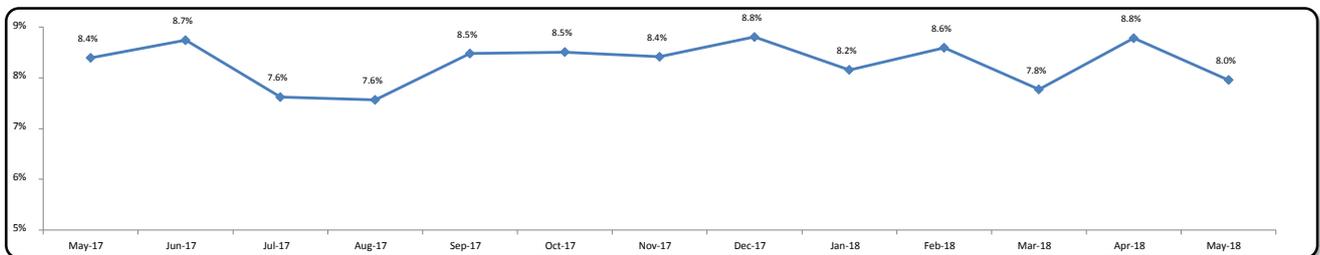


Source: NHS England Statistics

Of the delay causes monitored, the four main reasons for delayed are in relation to patients moving from hospital into a residential or nursing care setting or a home care package. Residential and Home Care Capacity as well as process review now needs to be the focus of our local system if we aim to improve this situation for our patients.

Emergency readmission rates (within 30 days) - All Ages

Latest data available May-18	8.0%	Vs same period last year May-17	8.4%	Latest full quarter available Q4 17/18	8.2%	Vs Q4 16/17 rates	8.0%
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Source: Dr Foster

Whilst the rate of emergency re-admission has not been shown to increase, which is somewhat positive in an environment of increasing demand, further progress will need to be made in either maintaining or reducing this position. Working in partnership with our local Public Health Team, it is well understood within commissioning who the cohorts of people living in our city are who are most affected by this. This issue will largely be the focus of our long-term health and care system transformation to care for people in the community who are living with multiple long-term conditions and delay or prevent further detriment to their health, thus avoiding an emergency trip to hospital.

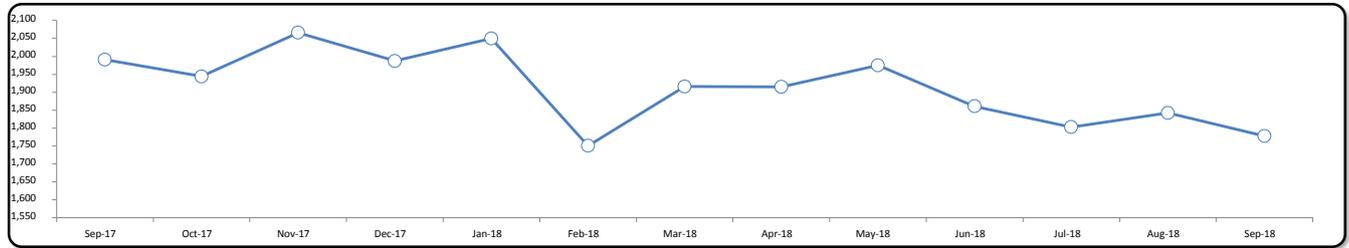
Total Non-Elective Spells (Specific Acute) - All Ages

Latest data available Jul - Sep 18	5,423
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Vs same period last year Jul - Sep 17	6,030
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Latest full quarter available Jul - Sep 18	5,423
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Vs Annual planning (Jul - Sep 18)	6,119
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Source: SUS TnR / NHS England

There is a slight trend in the reduction of length of stay for patients admitted to hospital as an emergency. This graph is for all patients, however when patients over 65 are measured, the trend is in the opposite direction as shown in the next graph below.

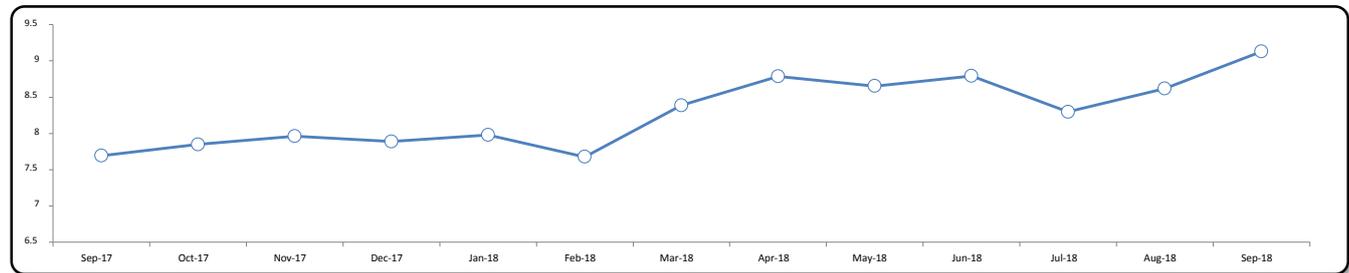
Emergency average length of stay for patients aged 65+ (days)

Latest data available Sep-18	9.1
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Vs same period last year Sep-17	7.7
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Latest full quarter Jul - Sep 18 Avg.	8.7
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Vs Jul - Sep 17 Avg.	7.6
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Source: SUS

The length of stay in hospital for patients over the age of 65 admitted as an emergency has gradually increased over the last 12 months. This is linked to complex discharges and the need to provide more complex health and care support in the community to support a person coming out of hospital.

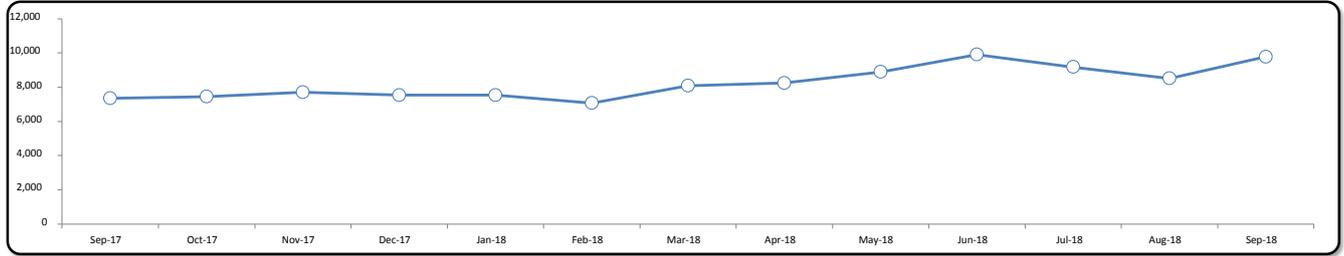
A&E attendances (Excluded planned follow ups) - All Ages

Latest available data Sep-18	9,778
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Vs same period last year Sep-17	7,353
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Latest full quarter Jul - Sep 18	27,480
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Vs Jul - Sep 17	22,572
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Source: SUS TnR / NHS England

There has been an increase in A&E attendance of around 5% in the last 12 months. Further analysis of health data shows the majority of growth in A&E demand is in low-acuity reasons and largely for people not living within the city, eg. visitors and commuters. As a vibrant tourist city this is not entirely unexpected, however evidence suggests there remains a considerable proportion of A&E attendances for problems and conditions that can be managed through urgent primary care. This is the underlying principle from which new model of urgent care for our city is being

developed

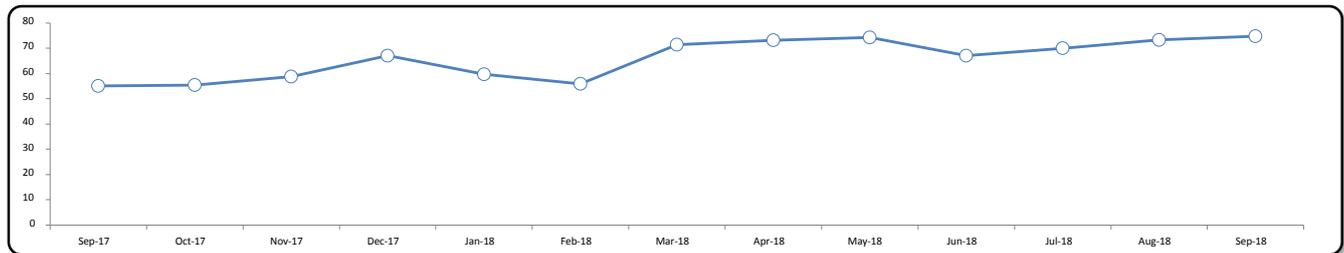
Super Stranded patients (21+ days length of stay) at Brighton and Sussex University Hospital (B&H CCG)

Latest available data Sep-18	75
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Vs same period last year Sep-17	55
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Quarter to date Jul - Sep 18 Avg.	73
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Vs Jul - Sep 17 Avg.	63
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Source: BSUH Urgent Care pathway, B&H CCG only

As mentioned in the main report, super stranded patients are people who's length of stay in an acute hospital is in excess of 21 days. This has been a recent focus for our system however the graph will show to date that the system is yet to see any sustainable improvement.

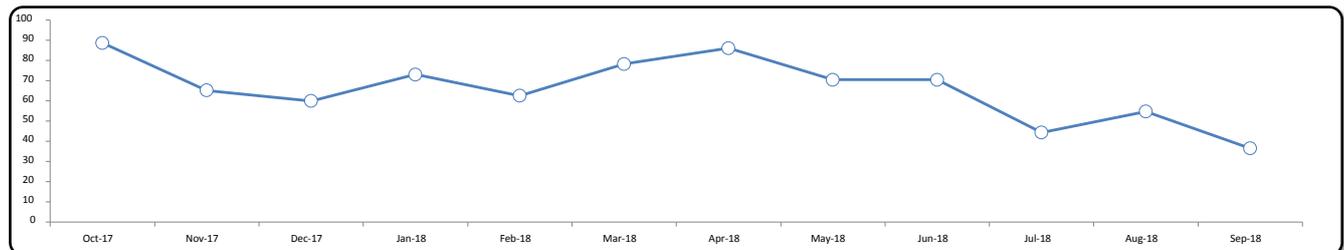
New permanent admissions to nursing/residential care per 100,000

Latest available data Sep-18	37
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Vs same period last year Sep-17	50
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Quarter to date Jul - Sep 18	136
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Vs plan	175
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Source: Brighton and Hove LA

In the latest period Sep-18, the number of new permanent admissions to nursing/residential care per 100,000 has decreased against the same month last year, 37 in Sep-18 vs 50 in Sep-17. The actual number of new permanent admissions to nursing/residential care in Sep-18 was 14.

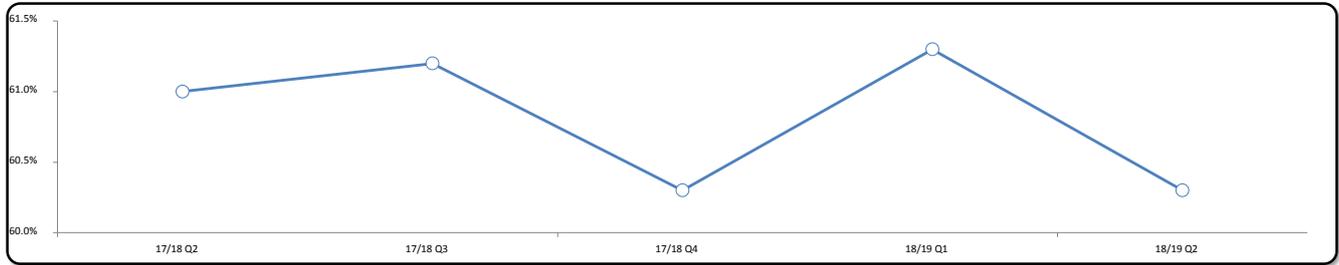
% of support plans with telecare as a component

Latest available data Jul - Sep 18	60.3%
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Vs same period last year Jul - Sep 18	61.0%
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Quarter to date Apr - Jun 18	60.3%
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Vs plan	60.0%
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Source: Brighton and Hove LA

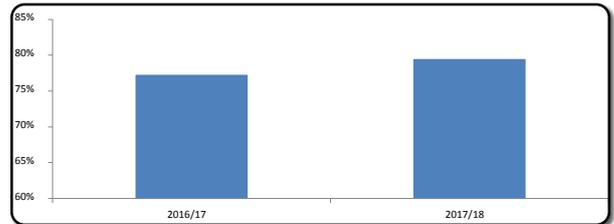
In the latest period 18/19 Q1, the % of support plans with telecare as a component has decreased against the same quarter last year, 61.3% in 18/19 Q1 vs 60.3% 17/18 Q1.

% older people at home 91 days after discharge from hospital into reablement/rehabilitation services

Latest available data Year 17/18	79.4%
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Vs same period last year 16/17	77.2%
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Vs plan	83%
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Source: Brighton and Hove LA

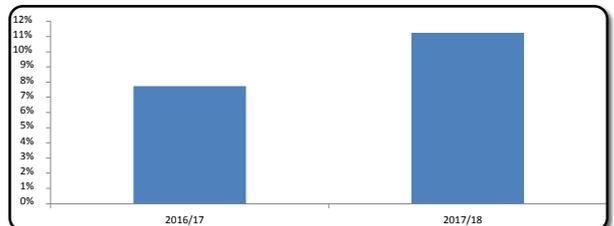
In the latest period 2017/18, the % older people at home 91 days after discharge from hospital into reablement/rehabilitation services has increased against last year, 79.4% in 2017/18 vs 77.2% in 2016/17. Performance needs to be viewed alongside Part 2 of the indicator % of overall older people discharged from hospital within the period who go into reablement services. Taken together these indicators reflect both effectiveness and coverage of the service.

% older people discharged from hospital who go into reablement services

Latest available data Year 17/18	11.2%
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Vs same period last year 16/17	7.7%
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Vs plan	7.7%
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Source: Brighton and Hove LA

In the latest period 2017/18, the % older people discharged from hospital who go into reablement services has increased against last year, 11.2% in 2017/18 vs 7.7% in 2016/17. 2017/18 result is a high top quartile performance (Brighton and Hove ranked 1st of all England authorities).

