BCF National Metrics - Quarterly Performance to end of Q2 2019/20

		Previous Years outturn				2018/19						2019/20							Polarity
						Actuals				Total Plan	Outturn	Total plan	Actuals				Q2 YTD Actual	Q2 YTD plan	
Indicator	Description	2014/15	2015/16	2016/17	2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4			
CCG_NEL	Reduction in non-elective admissions (General & Acute)	19,662	20,819	22,639	23,135	6,023	5,911	6,360	6,334	22,977	**24,628**	25,035	6,106	6,039				12,331	**Improving against plan but above 18/19**
Performance Summary: **NEAs are currently 1.4% below plan up to month 6, however, the CCG plan is significantly higher than the previous financial year. Non-Elective Admissions are higher in this financial year than the previous financial year.** **Year to date the national growth in emergency admissions is 3.2% (estimated by NHSE/I), York is above this at 3.4% and Scarborough is 14.1%. In addition, York is shown as a special cause concern for the number of DToC patients since August 2018.**																			
BCF1	Delayed Transfers of Care: Raw number of bed days	8,130	8,463	10535 (115/152)	8494 (108/152)	3,001	2,560	2,807	2,601	7,559	**10,969 (143/151)**	7,559	3,164	2,258			5,422	3,789	**Not on target but stable**
Performance Summary DToC are significantly above target for acute beds whilst those for non-acute and mental health (TEWV) are below target. Performance is at or around the same level as the end of Q2 last year. nd of Q2 last year.																			
ASCOF2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	0.815	0.7571	0.793 (111/152)	0.925 (15/152)	No Data	No Data	No Data	0.83	0.93	**0.83 (86/152)**	0.84	No aata	No data					
ASCOF2A(2) & BCF2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	683	683	648 (87/152)	656 (100/152)	240	160	168	104	592	**672 (107/152)**	605	179	141			320		**Above target but Improvement on 18/19**
BCF2	Number of permanent admissions to residential & nursing care homes for older people (65+)	241	260	248 (87/152)	246 (100/152)	90	60	63	39	222	**252 (107/152)**	227	67	53			120		**Above target but improvement on 18/19**
Performance Summary Admissions to care homes are slightly up on target (assuming a linear profile) but below the level at the end of Q2 last year																			

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CQC Interface	Emergency Admissions (65+) per 100,000 65+ population	24,135	25,413	26,712 (89/152)	**27,512**	7,572	6,674	7,072	**6,447**	N/A	27,765	N/A	7,941	7,821				N/A	Static

Performance Summary:
NEAs are currently 1.4% below plan up to month 6, however, the CCG plan is significantly higher than the previous financial year. Non-Elective Admissions are higher in this financial year than the previous financial year.
Year to date the national growth in emergency admissions is 3.2% (estimated by NHSE/I), York is above this at 3.4% and Scarborough is 14.1%. In addition, York is shown as a special cause concern for the number of DToC patients since August 2018.

Impact of BCF Schemes

York Integrated Care Team - 287 possible admissions avoided by end of Q2. The number of Admission alerts received remain consistent at around 2000 per month and the number of patients on Case Management seems to be in decline. There sems to have been a sharp rise in th number of avoided admissions in August 2019 which appers to be across all areas. 'Hub' Patient contacts remains steady at around 600-800 per month. Acivity prior to this was as high as 1400 contacts in November 2018

Specialist Community Nursing - .

Urgent Care Practitioners -

RATS - Extended Hours - 1080 patients have been seen within the extended period of which 761 were discharged home, 70 were referred to other services and 249 were admitted

Street Triage - .By end of Q2 - 84 referrals: 39 follow-up appointments, 7 referrals to crisis services, 7 Section 136 detentions, 25 NFA and 6 other. All of the posts are now filled and the team are operating 7 days per week between the hours of 11 – 23.30. The street triage team attended police briefings throughout Q2 aiming to visit York, Selby and Acomb police station at least once per week to discuss any cases as well as to discuss referrals etc

Hospice at Home -

Handyperson Service - Goodgym missions completed = 8.6 per month. Blueberry Accademy, households supported in Q2 = 33. Community Bees, new residents supported in Q2 = 18

Alcohol Prevention - Two further training courses hvae been delivered to a total of 30 participants. Resources and inforamtion have been sent out to all 37 GP practices and 42 pharmacies across the city, inlcuidng the offer of IBA training. Further resources have been ordered to supplement the training programme, including unit inforamtion and AUDIT-C scratch cards.

YMG - Vaccination Outreach - New GP Registrations within Service = 12. Vaccination Rates - Hep B = 3. Vaccination Rates - Flu = 21. Vaccination Rates - Pneumonia = 20

BCF National Metrics - Quarterly Performance to end of Q1 2019/20

		Previous Years outturn				2018/19						2019/20						
						Actuals				Total Plan	Outturn	Total plan	Actuals				Q2 YTD Actual	Polarity
Indicator	Description	2014/15	2015/16	2016/17	2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4				Quarter 1	Quarter 2	Quarter 3	Quarter 4		
BCF1	Delayed Transfers of Care: Raw number of bed days	8,130	8,463	10535 (115/152)	**8443 (108/152)**	3,001	2,560	2,807	2,601	**7,559**	**10969 (143/151)**	**7,559**	3,164	2,258			**5,422**	Not on target but stable
CQC Interface	Proportion of discharges (following emergency admissions) which occur at the weekend	17.5%	17.4%	17.6%	**17.8%**	18.2%	18.7%	18.5%	18.9%	**N/A**	**N/A**							
CQC Interface	90th percentile of length of stay for emergency admissions (65+)	24 days	22 days	21 days (75/152)	**21 days**	20 days	20 days	20 days	19 days	**N/A**	**N/A**							

Performance Summary

DToC are significantly above target for acute beds whilst those for non-acute and mental health (TEWV) are below target. Performance is at or around the same level as the end of Q2 last year.

Impact of BCF Schemes

Seven Day Working - 7 day working continues to great effect the last evaluation April - June 2019 evidencing 183 customer contacts on Saturday and Sunday and 12 actual discharges following intervention at the weekend with the following outcomes: 1 Tuesday with CRT; 4 to care homes - 2 at the weekend and 2 the following Monday; 1 with family support; 1 into respite care; 1 with information & advice; 1 no support required; and 3 packages of care commenced early the following week. 1 admission was actually prevented with advice & information given to the ambulance service. Overall successful outcomes with other varying customer contacts one being the continuation of assessments started at an earlier time - 48 contacts in this time period involved on going assessment intervention.

Step Down/up Beds - No report received

Fulford Nursing Home Beds - 34 patients admitted by end of Q2 and there have been 35 discharges - 31 were discharged to home and 4 to hospital. Average length of stay in Q2 was 42 days. 32 patients have received OT support.

ARC - Changing Lives -

Age UK Home from Hospital - Total Number of people who received support this year = 1508 (includes the Home from Hospital, Prevention Service and Keep Your Pet service users). The majority of support given is information and signposting. Main source of referral is OT's (43.9%) and RATS (29.4%). 77% of service users reported an increase in confidence to live independently and lead an active life.

BCF National Metrics - Quarterly Performance to end of Q1 2019/20

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CQC Interface	Proportion of older people (65 and over) who are discharged from hospital who recieve reablement/rehabilitation services			0.8% (149/152)	**0.8% (148/152)**	No Data	No Data	No Data	**0.7 (150/152)**		**0.7 (150/152)**							

Performance Summary

Impact of BCF Schemes

Reablement (HSG) - Service now operating at capacity (including additional hours). 57% of clients are going home with either no ongoing care needs or a reduced level. However 23% are going into hospital as either a new admission or a re-admission and a further 5% have moved into permenant care. There are still difficulties in finding suitable care packages for some customers due to e.g. specialist needs or geographical isolation.

Priory Outreach - 118 referals received into Outreach from RATS plus 139 into Step-down from community. Onward Outcomes: RATS/Outreach - No Ongoing Care 74, ongoing care 20, admission 12, referrals to other services 76. Onward Outcomes: Community/Step Up - No Ongoing Care 55, ongoing care 34, admission 22, died 2, referrals made to other services 110.

BCF National Metrics - Quarterly Performance to end of Q1 2019/20

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Performance Summary

Admissions to care homes are slightly up on target (assuming a linear profile) but below the level at the end of Q2 last year

Impact of BCF Schemes

Community Support Packages - Numbers in receipt of preventive services continues to increase with a consequent reduction in those supported by the Council. However many of these customers are requiring a more intensive level of support as a result of a combination of age, frailty, co-morbidity, etc.

Home Adaptations - During the first half of the year 131 grants were newly approved and 136 Grants were completed. 167 new referrals were received for the Handyperson service 47 of these were key safes, the next popular request was for changing light bulbs in particular within the bathrooms. 147 referrals were received for the Falls Prevention Service. In September we extended the Falls Prevention Service to cover the Heworth Ward so the service is now operating in 6 wards.

Telecare and Community Equipment - 2609 clients on Response Service - 4,800 call outs so far this year (includes maintenance and installations, reviews and wellbeing checks). Most commone cause of non-planned call-outs is falls (51%). Over 7700 items of equipment delivered by end of Q2

Carers Support - Most targets being exceeded we have seen 361 new registrations, 575 referals to the Carers Support Service, 60 referrals for Carers Needs Assessment, 27 Young Carers Impact Assessments, 285 1:1 advice sessions, 11 1:1 Counselling sessions, and 89 referrrals to the Financial Support Service. Hubs and pop-up hubs continue to be delivered along with specialist support groups for cares off people with mental health and substance misuse problems.

Local Area Coordinators/Community Facilitator - Partnership working with Mental Health services continues to develop in a positive way, with the recent agreement from a TEWV colleague to provide formal support and supervision to the team through bi monthly clinical case discussions. The first Local Area Coordination Network Conference coming up in November, will feature a workshop about the transformation of Adult Social Care in York. The total number of people the team have worked with to date is 1605 and currently 671 are active (including reactivated cases). 53% of these are level 1, i.e. provision of information, advice and connections and/or limited and short term support. Most referrals have come from Self referrals (16%), Adult Social Care (12%) and CMHT or CAMHS (8%). Over half of cases are working with people who are unemployed (41%) or retired (20%), where 7% are not disclosed. The main reasons for making contact across all cases are currently Mental Health (16%), Isolation (14%), and Housing Issues (9%). These account for over a third (39%) of concerns by the close of this period.

Self Support Champions (increased capacity in CAAT and ISS) - Average of number of days wait from first contact to seeing someone at Talking Point = 9.7 days (slight reduction from Q4 18/19). *Awaiting Q2 update*

Social Prescribing - 88 referrals this quarter (733 in total): Promoting emotional Wellbeing: 63, Long term condition: 24, Exercise opportunities: 18, Volunteering and skills development: 19

"It has been great, it has felt like a safety net. I never knew [Ways to Wellbeing] was there and I'm so glad it was. Especially with the way things are, with GP's being so rushed for time, it felt like a real luxury to have the time to talk. I think it will be useful for a lot of people, it has really helped, thank you."

Live Well York - Users = 3,611, new users = 3,150. Quality: 4.14/5 star rating from 840 feedbacks. Regional comparison per population: 3rd out of 8 Local Authorities. York is 0.76% reach with the mean being 0.61%. Live Well York continues to grow in entries posted and partners coming on board (15 formal partners) but use of the site has flat lined so we need to do more now we are beyond the full launch in March. We are working with the Coms team to raise the profile further. IIt is also worth noting that 18% of users are coming via the CYC website which hopefully shows a re-direct to community based solutions. At the end of the quarter the site had 366 followers on Twitter.