

<b>REPORT TO:</b>	Health & Wellbeing Board
<b>DATE:</b>	7 May 2014
<b>REPORTING OFFICER:</b>	Strategic Director, Communities
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Advancing Quality Alliance (AQuA) – Quality and Efficiency Scorecard for Frail Elderly
<b>WARD(S)</b>	Borough-wide

## 1.0 PURPOSE OF REPORT

1.1 To present the Health & Wellbeing Board with the latest AQuA North West (NW) benchmarking data and associated comparisons.

2.0 **RECOMMENDATION: That the Health & Wellbeing Board note the contents of the report and associated appendices.**

## 3.0 SUPPORTING INFORMATION

3.1 The appended NHS and Local Government Quality and Efficiency Scorecards (March 2014) have been produced by the Advancing Quality Alliance (AQuA) (**Appendix 1**).

3.2 Comparisons have been undertaken between the dated AQuA produced in December 2013 and that produced in March 2014; these comparisons are attached at **Appendix 2**. Appendix 2 actually outlines related performance information over the last 12 months. It should be noted that the September 2013 and December 2013 information did not include Cumbria and as such should be taken into account when considering Halton's position against other NW areas during this time.

3.3 The latest data provided by AQuA does demonstrate excellent performance in the following areas:

- permanent admissions to residential/nursing care – Although it should be noted that there has been an increase in permanent admissions to long term care since September 2013; and
- proportion of Local Authority Adult Social Care spend on residential/nursing care - It should be noted that Halton has previously been ranked the best in the NW in relation to this area, however according to March 2014 information, Halton has now been ranked 2<sup>nd</sup> and are being out-performed by Bolton – this links to the increase in permanent admissions outlined above.

Due to the increase in these areas over the past few months, work is currently taking place to investigate as to the reasons why. For example Halton's Urgent Care

Working Group (UCWG) has established a short term task and finish group to review and develop further the frailty pathways out of acute care. Management Team should note that admissions to long term care from Whiston hospital are higher than those from Warrington hospital. The task and finish group will consist of appropriate representation from across the Urgent care system to explore where improvements can be made and will make necessary recommendations to the UCWG for consideration.

### 3.4 Areas that are improving but still present significant challenges include:

- non elective admissions and non-elective bed days – Even though Halton still remain on red in these two areas the direction of travel is positive; the figures reported in March 2014 are lower than those reported 12 months ago. These improvements are attributable to a number of initiatives/activities, including the work of the Integrated Discharge Team at Warrington and work with the Team at Whiston which has enabled the development of a more proactive approach to managing length of stay and therefore on associated bed days, whilst initiatives such as the GP acute visiting scheme and Community Multi-Disciplinary teams are having a positive impact on non-elective admissions.

### 3.5 Areas that remain as significant challenges include:-

- non-elective re-admission rates within 30 **and** 90 days – It should be noted however that performance in terms of 90 day readmission rates has improved over the last 12 months; and
- delayed transfers of Care (bed days) – This is an area which had been improving but performance has dipped during January 2014. Delayed transfers of care can be either attributable to the NHS, Social Care or both and are a difficult area to manage effectively. If we consider the bed days lost in January 2014, the breakdown is as follows:-
  - NHS = 264 days
  - Social Care = 0 days
  - Both = 16 days
  - TOTAL = 287 days
- Delayed transfers of care continue to be one of the persistent contributing factors impacting upon hospital patient flow and ultimately the A&E 4hour target. There can be numerous reasons for delays to occur, for example patient choice; sometimes there can be long and protracted negotiations between acute trusts and patients prior to discharge. Delays can also occur when complex assessments of patients are required, for example when waiting for a best interest or psychiatric assessment.
- Lack of capacity within Intermediate Care (IC) Services can also be a factor; however in Halton we always actively ensure that there is appropriate capacity within the system to help alleviate any issues for the acute trusts. For example, in January 2014 we opened up an additional 6 IC beds over the winter period to ensure that the supply and demand for beds could be appropriately managed.

- It should be noted that it is very rare for any delays in Halton to be attributable to Social Care due to the proactive nature of the work that we undertake with our local trusts to ensure that patient flow is managed as effectively as possible.

3.6 Areas that remain static include:

- proportion of people discharged direct to residential care; and
- proportion of deaths which occur at home – It is hoped that the recent review of the end of life pathways and services that has been undertaken will have a positive impact on performance in this area; the figures reported in this area are only done so every 12 months.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

5.1 Services delivered/commissioned to support/improve performance in the areas outlined above will continue to be done so from within existing resources, with a view to continuing to explore the opportunities for further efficiencies.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Key risks and mitigation measures have been identified within each project/area of work outlined above and addressed during their delivery.

- 8.0 **EQUALITY AND DIVERSITY ISSUES**
- 8.1 An Equality Impact Assessment is not required for this report.
- 9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.