Report to Health and Wellbeing Board & Senior Officers Group, v3

Choosing metrics and targets for the Better Care Fund

Report from: Amanda Lloyd & Hugh Evans
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Context

The Better Care Fund requires a set of metrics to be defined with local baselines, and targets which should be 'stretch' targets, which reflect the proposed changes to service delivery through the pooled fund. Approximately 25% of the (minimum required) pooled fund will be dependent on meeting the targets set. Guidance states that funding will still be spent in the local area if targets are not met, but NHS England may step in to determine where and how it will be spent. Of the £56m for Staffordshire, iro £14m will be at risk.

Recommendations

This document sets out the background to the following recommendations:

1. For which measures should be chosen for the Staffordshire BCF, where there is a choice to be made:
    a. We recommend that Staffordshire adopt the national measure for service user/patient experience when that measure is available.
    b. We recommend that Staffordshire adopt the local measure of "Injuries due to falls in people aged 65 and over".
    c. We recommend that Staffordshire adopt the local measure of "Proportion of adult social care users who have as much social contact as they would like".
2. For targets to be set against each measure, we recommend the following targets. These are explained more fully in the section "Setting targets for the BCF measures".
    a. **Permanent admissions to residential care of people aged 65+, per 100,000 population:** that we use a measure which recognizes the current good performance of Staffordshire, and the growing number of people over 65, a low rate of reduction which reflects a real terms increase. *We recommend a stretch target for 2015/16 would a 1% decrease in numbers*. This target will be accounted for in October 2015, therefore there is a little time to focus performance on these numbers.
    b. **Older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services:** Staffordshire performs very well in this measure. Setting a target of maintaining current performance (85.9%) throughout the BCF period is reasonable – this will require improvements in the effectiveness of the service to offset demographic pressures and the increasingly difficult-to-reable people who will be brought into the scope of the service as it expands. *We recommend our target for 2015/16 will be to maintain current performance levels.*
    c. **Delayed transfers of care from hospitals per 100,000 population:** although Staffordshire performs well overall, there is scope for improvement due to social care delays being high. If social care delays were reduced to the national average this would bring overall delays down to 130 days per month. *We recommend a mid-way target of 160 days per month (current) to 145 days per month (October 2015),* with the proviso that early attention will need to be paid as to how this is achieved with service delivery partners within the BCF plan.
    d. **Avoidable emergency admissions**: The baseline has been set using the 2012/13 full year figures. CCGs are required to reduce avoidable admissions by at least 2.3% per year, and we have aligned the BCF target with this requirement. *We recommend the BCF adopts the CCG targets of 2.3% decrease p.a.*
    e. **Patient / service user experience:** no targets required yet while we await development of the national measure.
    f. **Local metric: Injuries due to falls in people aged 65 and over:** baseline set, there is an increase of 5% p.a. in this metric at present, most likely based on demographic change. Public Health propose we set a target of halving this to 2.5% p.a. increase based on work they are planning with Districts and CCGs. *We recommend a target of 2.5% p.a. increase.*
    g. **Local metric: Proportion of adult social care users who have as much social contact as they would like:** baseline set based on annual social care survey. At 35.3% Staffordshire's performance is well below the national median baseline of 43.1%. A target of 39.2% is proposed; this is consistent with bringing Staffordshire in line with the median national rate within two years. *We recommend a target of 39.2% over 2 years.*

Pay for performance

£1bn of the £3.8bn BCF will be linked to delivery against performance in 2015/16.

2015/16 pay for performance element will be made in 2 tranches: 50% April 2015, 50% October 2015
Each target carries equal value. Where achievement against targets falls below 70% of target, localities will be asked to draw up a recovery plan to restore progress, and payment will be contingent on the recovery plan. Where a recovery plan cannot be agreed, LGA and NHSE will put in place a peer review to determine how the pay for performance element will be used.

April payment (50%)
The plan agreed must set out how these national conditions will be met by March 2015, and there must be **clear progress achieved by September 2014**.
25% of the April payment will be linked to achieving these four national conditions:

- protection for adult social care services ;
- providing 7-day services to support patients being discharged and prevent unnecessary admissions at weekends;
- agreement on the consequential impact of changes in the acute sector;
- and ensuring that where funding is used for integrated packages of care there will be an accountable lead professional.

25% of the April payment will be linked to achieving four of the six performance measures:

- delayed transfers of care;
- avoidable emergency admissions;
- patient / service user experience;
- and a selected local indicator.

October payment (50%)
The remaining two performance measures:

- access to and effectiveness of re-ablement,
- permanent admissions to residential and nursing homes

PLUS

- progress towards meeting the 6 'stretch' targets

Measures

There are six required measures:

1. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
2. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
3. Delayed transfers of care from hospital per 100,000 population (average per month)
4. Avoidable emergency admissions (composite measure)
5. Patient / service user experience – there is a choice here of using a local measure, or a national measure which is in development
6. Local measure – a list of options are given, although we have the freedom to propose other local measure(s).

There is no choice over the first 4 measures.

Measure 5, patient/service user measure: local measures relate to patient experience with various parts of the NHS. The BCF activity is unlikely to have any particular sway over these measures within the timeframe, and instability at Mid-Staffordshire Foundation Trust may lead to a decrease in satisfaction. Satisfaction with social care is an annual survey, and any information captured will be behind the curve and unlikely to measure changes influenced by BCF

activity within the timeframes against which performance will be measured. Based on discussion with Staffordshire County Council performance unit, we believe we will be better served by waiting to see what the national measure will be. This measure is currently in development.

Measure 6, local measure: An evaluation has been made against the following criteria:

- how well does the target meet the framework outcomes of the HWBS
- how well the target meets the intentions of the BCF,
- how easy will it be to collate the data,

On this basis, we recommend using the local target "Injuries due to falls in people aged 65 and over". Data for this is collected by Public Health and supports the Staffordshire BCF goal of improving care for the elderly, to avoid non-elective admissions to hospital. The options appraisal is attached as Appendix A.

Measure 7, local measure: An additional measure has been included at the request of the HWB to reflect the ambition of the activity within the BCF to deliver change at a community level, ensuring that people feel adequately supported. On this basis, we recommend using the target "Proportion of adult social care users who have as much social contact as they would like". This is one of the Public Health targets and reflects a number of HWBS framework measures including social isolation, and a number of satisfaction measures.

Setting targets for the BCF measures[1]

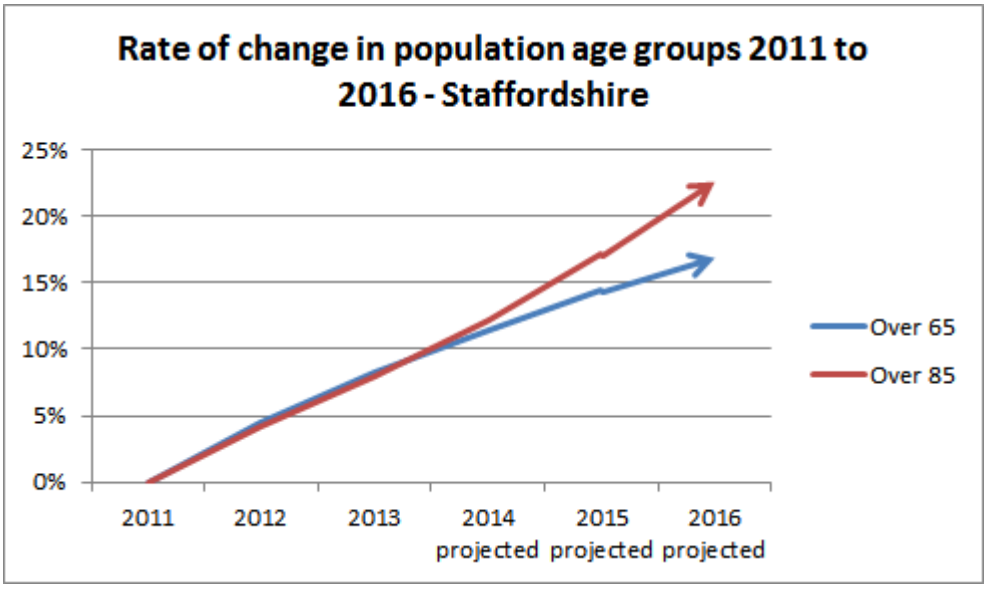
These proposals are intended as a starting point for discussion with providers and the partners to the BCF.

2A(ii) Permanent admissions to residential care of people aged 65+, per 100,000 population

The rate of admissions has been increasing since 2010/11. Based on the pattern in the year to date we are currently forecasting a 2013/14 outturn of 720 per 100,000 people over 65.

Whilst the indicator is based on the 65+ population, people over 85 are more likely to be admitted to residential/nursing care. The proportion of people aged over 65 who are in the 85+ group will increase almost twice as fast as the over 65 population in Staffordshire in the period 2014 - 2016.

Although only 12% of people over 65 are aged over 85, almost 60% of admissions of people over 65 are in the 85+ age group.

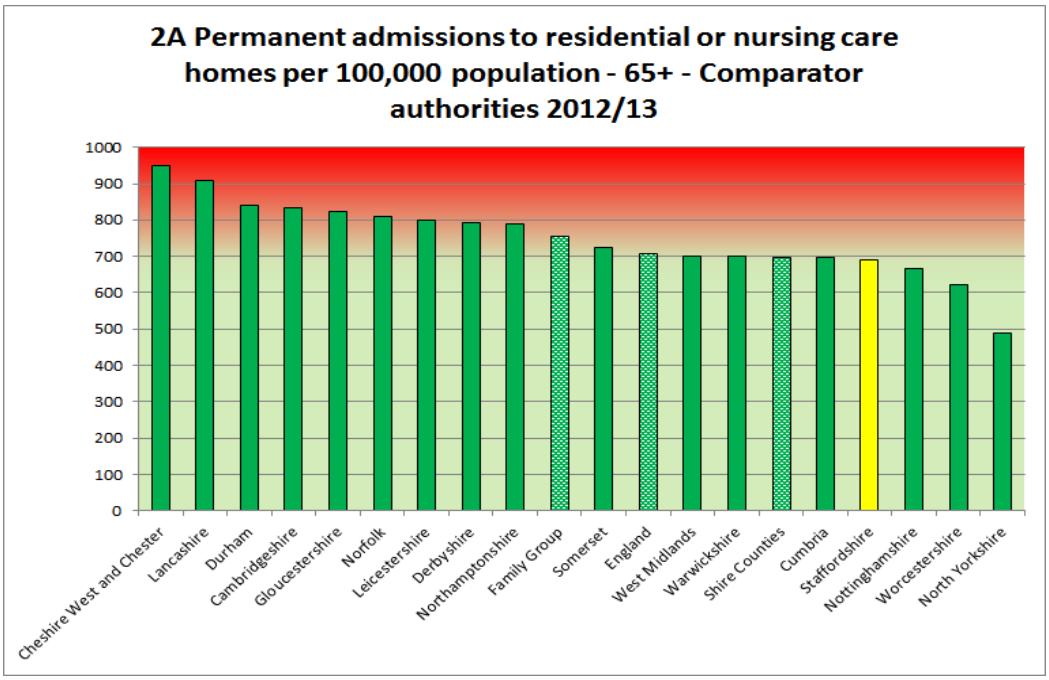


[1] Report provided by Tim Ray, Staffordshire County Council performance unit

This means that demographic pressures will lead to increasing admission rates per head of population aged 65+ if all else remains equal.

Note that Staffordshire already has a very low rate of admissions compared to similar authorities meaning that the scope to reduce further may be limited.

(2012/13 - Staffordshire 691, Family Group 758 - almost 10% higher).



In setting targets we need to take into account the effect of demographic pressures. The table below shows the trend that we estimate would occur if services were to continue as now, and the effect of 2% or 4% reduction in admissions against this trend.

Target examples

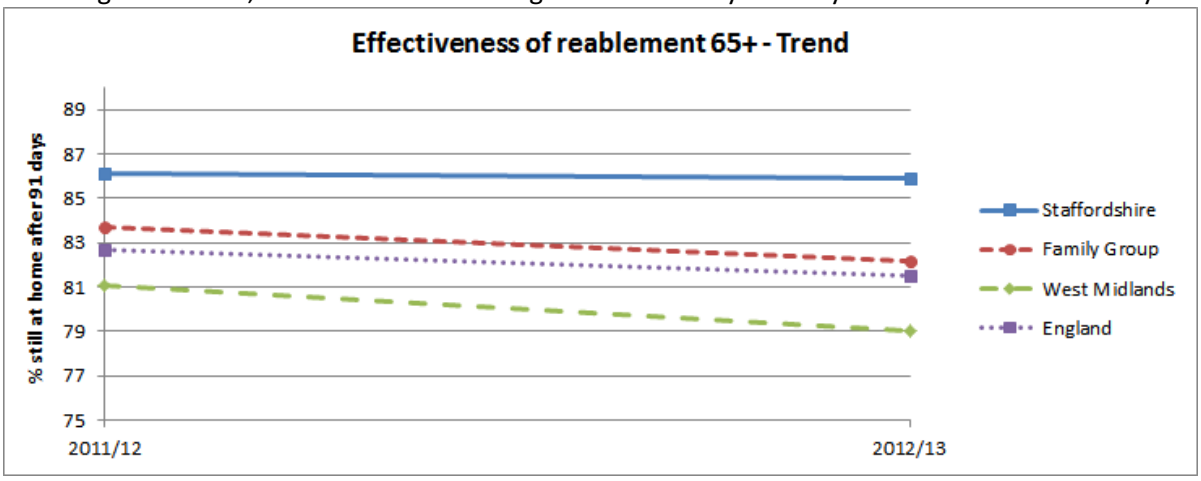
	Sept 2013	2013/14 outturn	Sept 2014	2014/15 outturn	Sept 2015	2015/16 outturn
Do nothing and reflect demographic change	720	720	720	720	722.5	725
Reduce admissions by 2%	720	720	713	706	708.5	711
Reduce admissions by 4%	720	720	706	691	693.5	696

(All figures are per 100,000 population aged 65+)

A stretch target, but one which may be more realistic would be to set a target of a reduction of 1% per 100,000 population by March 2015. The 2012/13 baseline is low compared to the current position; admissions have already increased by around 4% from the baseline in the first half of 2013/14. Demographic change alone is likely to add a further 1% by March 2015, therefore whilst this target represents a decrease in real terms of 2%, it represents a decrease of at least 6% from the current position. This target is provisional, as it must be agreed with our delivery partner, SSOTP. Discussions with SSOTP are being scheduled to discuss this target.

2B - Older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

Nationally and regionally we are seeing a small decrease in the success rate of reablement. There is no concrete evidence as to the reasons for this, but it is believed to be due to authorities extending the number of people receiving the service, which means extending reablement beyond only those who are most likely to benefit.



In contrast Staffordshire has managed to maintain its performance at an excellent level compared to other authorities. This limits the scope to increase performance any further.

The increasing proportion of people who will be aged 85+ may mean that demographic pressures start to impact on our ability to maintain the high success rate that we have achieved in the last two years.

Target example

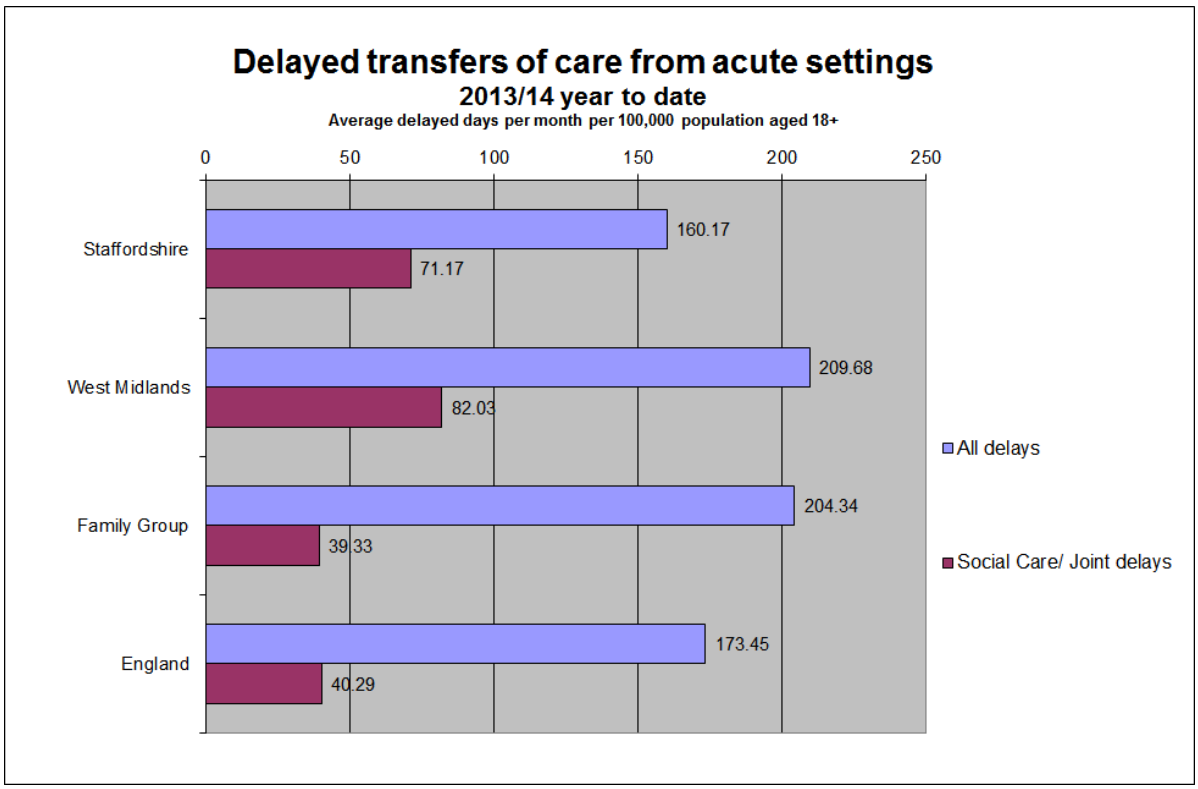
Setting a target of maintaining current performance (85.9%) throughout the BCF period may be reasonable – this will require improvements in the effectiveness of the service to offset demographic pressures and the increasingly difficult-to-reable people who will be brought into the scope of the service as it expands.

Reablement: Maintain current success rate (which is high compared to other authorities) despite demographic pressures, without reducing the numbers offered the service.

2C - Delayed transfers of care from hospitals per 100,000 population

Delayed transfers of care in Staffordshire are lower than the national, regional and family averages, although within this the number attributable to social care is high. This suggests that there is scope for improvement by reducing the number of social care delays.

Current performance is shown below:



If social care delays were reduced to the national average this would bring overall delays down to 130 days per month. This would be close to the median performance of all authorities, but significantly better than most of our comparators.

This indicator is calculated as the average over a 12 month period. As performance improves the reported performance will always appear worse than the performance achieved in any particular month as it will also include eleven months prior to the achievement of the target.

Target example, showing reduction to 130 days per month by March 2016.

	Nov-13	Mar-14	Sep-14	Mar-15	Sep-15	Mar-16
Performance in month	160.0	155.7	149.3	142.9	136.4	130.0
Reported average performance over preceding 12 months (for target)	160.0	157.7	154.2	148.8	142.3	135.9

DToCs: - reduce at a rate equivalent to bringing Social Care / Joint delays down to current national average within two years.

Avoidable emergency admissions

In the submission of their 2 year operational plan the Staffordshire CCGs all committed to reducing their rate of avoidable emergency admissions by at least 2.3% per year based on the indirectly standardised rate per 100,000 for the combined measure against a 2012-13 baseline.

The indirectly standardised rate takes account of the ageing population. The BCF submission does not allow us to use an indirectly standardised rate. We have therefore calculated an annual reduction of 2.3% on the crude rate based on the 2012-13 baseline. To do this we used the ONS population projections provided.

Non-elective emergency admissions have a strong seasonal profile. Based on historic data we know that Quarters 1 and 2 generally see 45% of total admissions while Quarters 3 and 4 see 55%. We have profiled the two six monthly targets accordingly. Taken over a year as a whole the two targets average out at 193.3, a 2.3% reduction from the 2012/13 baseline.

		Baseline as at September 2013	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Avoidable emergency admissions (composite measure) - Average per month per 100,000 population	*Metric Value*	197.9	174.0	212.6
			Equivalent to annual figure of 193.3	
	Numerator	20,232	9,018	11,084
			Equivalent to annual figure of 20,102	
	Denominator	852,123	863,907	868,757
		(April 2012 to March 2013)	(April - September 2014)	(October 2014 - March 2015)

Given that in Staffordshire we are experiencing an increasing proportion of the population over 65, a 2.3% reduction in the crude rate (which doesn't take into account the ageing population), is more ambitious than a 2.3% reduction in the indirectly standardised rate (which measures a reduction in rates independent of age).
This means that we are setting slightly more ambitious targets than the minimum targets CCGs may have submitted for their own plans.

Injuries due to falls in people aged 65 and over[2]
Injuries due to falls: This is increasing at a rate of 5% per annum at present. Our target is to cut this in half. This will be carried out by directed work through Public Health with Districts and CCG's. Benefits will be measured using the same measures as for setting these targets.

Proportion of adult social care users who have as much social contact as they would like
This metric is measured annually through the Annual Social Care User Survey. At 35.3% Staffordshire's performance is well below the national median baseline of 43.1%. A target of 39.2% is proposed; this is consistent with bringing Staffordshire in line with the median national rate within two years.. It should be noted that the achievement of this target would still place Staffordshire in the bottom 25% of authorities based on 2012/13 baselines, but given we have less than 12 months until the 2014/15 annual user survey takes place in March 2015 this target remains ambitious.

[2] This section information provided by Lucy Heath, Staffordshire County Council Public Health

Appendix A

Local measure

		no. of HWB measures relating		1=negative, 5=positive				
	Options	**direct relationship**	***indirect***	**ease of accessing data**	**how close to BCF intentions**	**overall score**	**comments from performance team**	**HWB measures agreed which relate to this**
	NHS Outcomes Framework							
2.1	Proportion of people feeling supported to manage their (long term) condition	0	*4*	1	5	6	would require survey	Under 75 mortality from CVD
2.6i	estimated diagnosis rate for people with dementia	1	*0*	1	3	5	GP dependant, no baseline?	estimated diagnosis rate for people with dementia
3.5	Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30/120 days	0	*3*	1	4	5	reablement and/or clinical support - would require contacting ppl after this time to find out	proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital inot reablement/rehabilitation services
	Adult Social Care Outcomes Framework							
1A	Social care-related quality of life	1	*10*	5	3	9	combined set of questions to give overall, based on community dependant on police	people have a positive experience of using services
1H	Proportion of adults in contact with secondary mental health services living independently with or without support	0	*1*	4	3	7	MH minimum dataset? Reliant on MH Trusts providing data	adults with LD/in contact with secondary MH services who live in stable and appropriate accomodation
1D	Carer-reported quality of life	1	*0*	3	3	7	currently do 2-yearly survey of carers, so data would not be available on annual basis, or would have to do additional surveys	carer reported quality of life
	Public Health Outcomes Framework							
1.18i	Proportion of adult social care users who have as much social contact as they would like	1	*0*	1	3	5	new question in survey, so no baseline info available.	social isolation
2.13ii	Proportion of adults classified as 'inactive'	1	*0*	1	2	4	PH outcomes framework data	proportion of physically active and inactive adults
2.24i	**Injuries due to falls in people aged 65 and over**	**2**	***0***	**5**	**5**	**12**	**Public health outcomes framework data. If severe winter will lead to additional falls**	**hip fractures in 65+ Falls and injuries**
	locally chosen metric							
	improving people's experience of integrated care	1	*0*	1	5	7	data source not yet available	improving people's experience of integrated care