Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Bath and North East Somerset
Joint Committee for Oversight of Joint Working

Democratic Services Lewis House, Manvers Street, Bath, BA1 1JG	Direct Line:	01225 394414
	Ask For:	Marie Todd
	E-mail:	Democratic_Services@bathnes.gov.uk
	Date:	Date Not Specified

To: All Members of the Joint Committee for Oversight of Joint Working

Members: Councillor Vic Pritchard (Bath & North East Somerset Council), Councillor Michael Evans (Bath & North East Somerset Council), Councillor Brian Simmons (Bath & North East Somerset Council), John Holden (B&NES CCG Chair of Audit Committee), Sarah James (NHS B&NES) and Dr Ian Orpen (Clinical Commissioning Group representative)

Other appropriate officers
Press and Public

Dear Member

Joint Committee for Oversight of Joint Working

You are invited to attend a meeting to be held on **Wednesday, 11th May, 2016** at **4.00 pm** in the **Brunswick Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Michaela Gay
Committee Administrator

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:**
   Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Marie Todd who is available by telephoning Bath 01225 394414 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. **Public Speaking at Meetings:**
   The Committee encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. **Details of Decisions taken at this meeting** can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Marie Todd as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Civic Centre, Keynsham;
   - The Hollies, Midsomer Norton;
   - Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

4. **Recording at Meetings**:-

   The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

   Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

   To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator

   The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

5. **Substitutions**
   Members of the Committee are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. **Declarations of Interest**

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:
   (a) The agenda item number in which they have an interest to declare.
   (b) The nature of their interest.
   (c) Whether their interest is **a disclosable pecuniary interest** *or* an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register:

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Joint Committee for Oversight of Joint Working

Wednesday, 11th May, 2016
Brunswick Room - Guildhall, Bath
4.00 pm

Agenda

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is **a disclosable pecuniary interest** *or* an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

   At the time of publication no notifications had been received.

7. MINUTES

8. CHILDREN'S HEALTH PERSONAL BUDGETS PRESENTATION

   There will be a presentation at the meeting.

9. YOU CARE, YOU WAY UPDATE PRESENTATION

There will be a presentation at the meeting.

10. BETTER CARE FUND PLAN 2016/17 AND BCF PERFORMANCE DASHBOARD - PRESENTATION

11. 2015/16 BUDGET OUTTURN EXCEPTIONS - VERBAL UPDATE

The Committee Administrator for this meeting is Marie Todd who can be contacted by telephoning Bath 01225 394414

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JOINT COMMITTEE FOR OVERSIGHT OF JOINT WORKING

Minutes of the Meeting held

Wednesday, 11th November, 2015, 4.00 pm

Councillor Vic Pritchard	Bath & North East Somerset Council
John Holden	B&NES CCG Chair of Audit Committee
Councillor Michael Evans	Bath & North East Somerset Council
Councillor Brian Simmons	Bath & North East Somerset Council
Sarah James	NHS B&NES

Also in attendance: Jane Shayler, Ashley Ayre, Mike Bowden and Tracy Cox.

23 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

24 WELCOME, INTRODUCTIONS AND BRIEFING TO NEW MEMBERS ON THE ROLE OF THE COMMITTEE

The Chairman welcomed everyone to the meeting.

Tracey Cox gave a brief presentation on the role of Committee. She said that she thought this would be helpful in view of the change of membership of the Committee following the Council elections in May. A copy of her PowerPoint slides is attached as Appendix 1 to these minutes.

She explained that the joint working arrangements between the Council and the CCG dated back to 2006. The relationship between the two sides was underpinned by a joint working framework. When the CCG came into being in April 2013, a review was undertaken to review and refresh the joint working arrangements. An agreement set out the scope of the joint working between the two organisations, which covered Adult, Children's and Public Health Services and also set out the scope of a number of pooled budgets. It also described the section 256 agreement, and the section 113 agreement whereby Council staff could carry out responsibilities on behalf of the CCG and vice versa. The extent of joint working had been increased this year, through the establishment of a mental health pooled budget and the Better Care Fund, which had a budget of about £12m. Reports on the Better Care Fund had been made to the Health and Wellbeing Board.

The Committee had been established to oversee the partnership agreement, in particular the pooled budgets, and to review annually whether things were working as intended. The Committee was supposed to meet twice a year in May and November. The May meeting had been used to examine how the pooled budgets had worked. There had been no May meeting this year because of the elections.

Tracey drew attention to the Committee's Terms of Reference, which had been

circulated with the agenda, and invited members to consider whether they were still fit for purpose.

25 **APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies were received from Dr Ian Orpen.

26 **DECLARATIONS OF INTEREST**

There were none.

27 **MINUTES - 3RD NOVEMBER 2014**

The Committee confirmed the minutes of the previous meeting as a true record.

Matters Arising

Page 2, Item 18 (Financial Outturn 2013/14), paragraph 5: *"placements cannot be refused as they are part of a statutory service"*: the Chair asked for clarification of this in relation to budget controls. Jane Shayler explained that if a client had undergone assessment and statutory needs had been identified, then there was a statutory obligation to provide an Adult Social Care package. There was, however, some flexibility as to the way in which care could be provided. She said that while there was a commitment to providing personalised services, in future the extent to which clients could select their own care provider and the specific means by which their needs were met might have to be limited.

Page 3, Item 19 (Performance Highlights, paragraph 3: *"There was some discussion around recycling equipment":* The Chair asked for clarification.

Jane Shayler explained that as much care equipment as possible was recycled, but recycling was not always cost-effective; equipment was sometimes specifically designed for a client's home and could not always be transferred to another property cost-effectively. Equipment was increasingly high-tech, such as special beds for clients. Some clients had complex needs. There was a shorter process for approving minor items of equipment with relatively low cost.

Councillor Brian Simmons commented that equipment, such as walking frames, had been sometimes spotted in skips. Jane Shayler said that equipment was reused if at all possible, subject to cleaning and testing. There is a stock control system recording all equipment loaned by the Council and the CCG. It might be that the walking frames and other equipment seen in skips had been privately purchased or provided by another organisation and it would be potentially unsafe to try and recycle such equipment.

John Holden said that the difficulty of recalling the nuances of the meeting held last November prompted him to wonder about the frequency of meetings. The May meeting had been cancelled because of the elections, which would obviously not happen every year. He felt that a Committee that met only once a year might as well not meet at all. Two meetings might be sufficient, but he suggested that it was worth considering whether the Committee should meet three times a year. After discussion between members and officers it was agreed that the Committee should meet next

May as planned, when the frequency and timing of meetings could be reviewed if felt to be necessary.

28 OVERVIEW OF INTEGRATED COMMISSIONING ARRANGEMENTS IN B&NES (PRESENTATION)

It was agreed that this item would be taken together with Agenda Item 8, as they were closely related.

29 PERFORMANCE HIGHLIGHTS AND FINANCIAL OUTTURN

Jane Shayler introduced this item.

She said that in 2014/15 a balanced budget had been achieved, though some money had been moved between different budget headings to reflect specific pressures. The Council and CCG make additional contributions to off-set pressures in the Learning Disabilities Pooled Budget (section 3.1 of the report). Contributions were made on a proportionate basis to reflect the respective, proportionate contributions by the Council and CCG. These contributions were held outside of the pool and treated slightly differently by the Council and CCG to reflect differences in accountancy/financial planning approaches. Some funding transferred under a section 256 arrangement by the CCG to the Council to offset pressures in social care had been utilised to fund specific pressures.

Sarah James explained how funding had been reallocated. John Holden commented that this had worked so far, but it would not be possible to continue it for ever, so some very tough decisions would have to be taken about priorities.

Ashely Ayre said that there were increasing pressures on the health and Council budgets. More people are living longer, had increasingly complex needs, and were dependent on publicly-provided services. There were, for example, children with multiple health conditions being taken to school in ambulances. The issue of how choice could be afforded had to be addressed. The costs of providing services to those with statutory needs will continue to grow and could, eventually, account for the whole of the Council budget if new approaches to meeting health and care needs cannot be found.

Jane Shayler said that there would come a point it would have to be asked whether an individual's choice of a particular form of support could be afforded. A package of support for one individual could cost £250,000. A decision might have to be made, for example, that a particular care package for keeping someone in their own home could not be afforded, and that their needs could be met by placing them in a nursing home. There was great benefit in preventative services, which could be effective in the long term, though very difficult to measure. The danger is that the increased cost of meeting present, urgent, statutory, needs would mean that there was less to invest in prevention.

Councillor Brian Simmons asked about older people. Jane Shayler said that older people in the area were living longer and maintained their independence for longer than average, as was generally the case throughout the south of the country.

John Holden said that while the recommendation was simply to note the report, what had emerged from the discussion was that the Council and the CCG had to be clear about the extent to which individuals can be given a wide range of choices about both care setting and provider. It was agreed that this is an area of policy that both the Council and the CCG will need to consider carefully and engage with both decision makers and the public to work through what is a reasonable and sustainable policy in relation to individual choice and control.

Jane Shayler advised that there are already controls in place, including a quality assurance and audit function along with a panel process, chaired by senior managers in the CCG and Council to agree placements and packages of care above a threshold. Practitioners presenting the case to panel provide information on the individual's needs assessment and costed options for meeting that need. The practitioner assessment and the advice given to individual and any family members does have a big influence on the proposed package or placement and, therefore, on the Council's commissioning budgets. Changes in policy on choice do, therefore, need to be supported by training and development to support practice change.

Councillor Brian Simmons asked about what happened when care homes went bankrupt, as had happened in the case of homes run by Southern Cross Healthcare. Jane Shayler referenced recent reports in relation to Four Seasons Care, which is the largest provider of care homes and is reported to have financial difficulties. In this instance, with a provider of 20,000 care home placements across the Country, contingency plans are likely to focus on financial recovery as it would not be possible to relocate 20,000 vulnerable individuals to alternative care homes as there is insufficient supply to do so. In the case of the failure of a smaller care provider, plans – particularly where there are concerns about quality/safety of care, the Council and CCG works together to support planned moves and/or ensuring continuity of care. Locally, in the case of Four Season, contingency planning is taking place but at this early stage, there is no immediate need to mobilise such plans.

Asked about transfer of funding responsibility from another Local Authority area, Jane confirmed that there is a mechanism, "Ordinary Residence" by which one LA becomes responsible for funding the care of an individual placed by another LA. In such a case B&NES would assume responsibility for the costs. Some level of movement between areas is normal, though some Local Authorities have a proactive policy of moving people to other areas as a way of managing their costs.

RESOLVED:

1. To note the 2014/15 financial outturns on the partnership budgets.

2. To note the 2015/16 finance and performance update.

30 **YOUR CARE, YOUR WAY - DISCUSSION RE OPPORTUNITIES FOR FURTHER INTEGRATION OF COMMISSIONING ARRANGEMENTS (PRESENTATION)**

Tracey Cox spoke about integrated commissioning and Your Care, Your Way. She said that in accordance with the joint working arrangements there was a Joint Commissioning Committee which meets once a month and considers decisions and

issues relating to commissioning. This was attended by Jane Shayler, Mike Bowden, Sarah James, Ashley Ayre and herself and other members of the CCG Board. There was also a monthly joint commissioning team meeting which briefed commissioning teams on issues in order to assist them with co-ordination and joint planning. There were some joint commissioning posts, particularly in relation to adult services, where such arrangements have been in place for a number of years. Other areas of joint commissioning are less well developed. There was also co-location of some Council and CCG staff at St Martin's. Efforts were made generally to align commissioning intentions and strategy as far as possible. Integrate commissioning led naturally to integrated provision of services manifested most strongly in the tripartite agreement between the Council, CCG and Sirona for integrated community health and social care.

Your Care, Your Way had a broader scope in relation to the provision of integrated services across the community. For both the Council and the CCG it was likely to become the focal point for creating sustainable services in the future. Following a recent consultation, a business case would be presented to the Council Cabinet and CCG Board in early December. This would illustrate that this was the joint direction of travel in relation to community services in terms of outcomes-based commissioning and a greater focus on a personalised approaches for those in self-care. In line with the national direction of travel, there was scope and potential to go further in relation to joint health and Council budgets. There was potential to fully integrate the health and social care budget in B&NES and further opportunities for sharing structures, roles and responsibilities. A joint Council and CCG half-day would take place on 12th November at which many of these issues would be discussed. Governance arrangements and the management of risk were more difficult areas. There were good foundations to build on and further progress was possible.

The meeting ended at 5.20 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Bath & North East Somerset Council

Appendix 1 Better Care Fund 2015/2016 Performance Dashboard

NHS
Bath and North East Somerset Clinical Commissioning Group

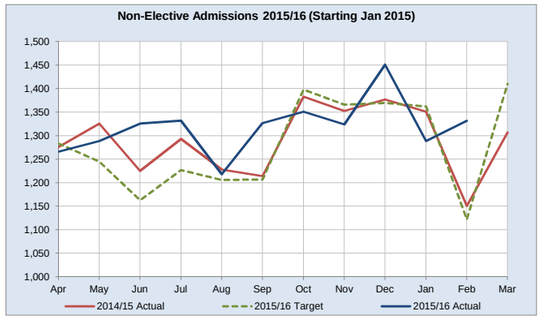
Current Reporting Period: **Feb 16**

Non-Elective Admissions

Metric (as at Feb-16)		Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Ytd (M11)
Total non-elective admissions in to hospital (general & acute), all-ages	**2014/15 Actual**	1,276	1,326	1,225	**3,827**	1,293	1,228	1,214	**3,735**	1,383	1,353	1,377	**4,113**	1,351	1,151	1,307	**3,809**	**14,177**
	2015/16 Target	1,283	1,244	1,163	**3,690**	1,227	1,206	1,207	**3,640**	1,398	1,366	1,370	**4,134**	1,362	1,122	1,410	**3,894**	**13,948**
	2015/16 Actual	1,266	1,289	1,326	**3,881**	1,332	1,218	1,327	**3,877**	1,351	1,324	1,451	**4,126**	1,289	1,332			**14,505**
	Variance to Target	-17	45	163	**191**	105	12	120	**237**	-47	-42	81	**-8**	-73	210			**557**
	Against Target	▼	▲	▲	▲	▲	▲	▲	▲	▼	▼	▲	▼	▼	▲			▲

Commentary

- Non-elective admissions activity was 19% above target for February. The target for February was low, reflecting the observed seasonal trends in 2014/15. This pattern did not occur in 2015/16. Year to date non-elective admissions are 4% above target and 2% above 2014/15 (see data note below). Admissions at the RUH account for 88% of the total year to date.
- The target is not split down in great detail so detailed analysis of actuals vs plan is not possible but more analysis of quarter 3 actuals 2015/16 vs 2014/15 is on the next page.
- **DATA ISSUE UPDATE:** The non-elective activity (G&A) is now being reported using the new maternity adjustment (source: BaNES Activity Plan Monitoring v3) as agreed with the RUH. The 2014/15 data have been updated to reflect this change and the data issue is resolved.
- **NOTE:** The 2015/16 target has been updated to reflect the revised plan figures that take into account the 2015/16 emergency admissions adjusted for the regional average.



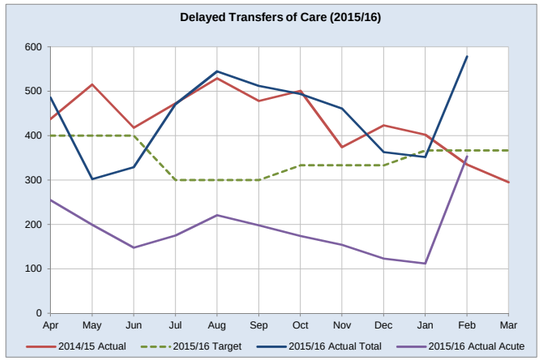
Delayed Transfers of Care (Bed Days)

Metric (as at Feb-16)		Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Ytd (M11)
Delayed transfers of care (delayed days) from hospital (aged 18+)	**2014/15 Actual**	437	515	418	**1,370**	473	529	478	**1,480**	501	374	423	**1,298**	402	335	295	**1,032**	**4,885**
	2015/16 Target	400	400	400	**1,200**	300	300	300	**900**	333	333	333	**1,000**	367	367	367	**1,100**	**3,833**
	2015/16 Actual Total	486	302	329	**1,117**	471	545	512	**1,528**	494	461	363	**1,318**	352	578			**4,893**
	Variance to Target	86	-98	-71	**-83**	171	245	212	**628**	161	128	30	**318**	-15	211			**1,060**
	Against Target	▲	▼	▼	▼	▲	▲	▲	▲	▲	▲	▲	▲	▼	▲			▲
	2015/16 Actual Acute	255	199	148	**602**	175	221	198	**594**	174	154	123	**451**	112	353			**2,112**

Commentary

- Year to date the National DTOC submission is 1% above target. See reporting changes note below. Total performance YTD is very similar to 2014/15 but 28% above target. The target for 2015/16 was set at the end of Q1 2014/15, with low figures for Q2 expected based on historic performance. However, performance during Q2 2014/15 was higher than expected and a similar pattern has been seen in 2015/16.
- The high figures in Q2 and Q3 were driven primarily by delays at Sirona, which had more than 300 delay days each month from August to November. The Sirona DTOC days reduced to 225 in February. The sharp rise in February is due to the increase at the RUH. More details can be seen on DTOCS dashboard.

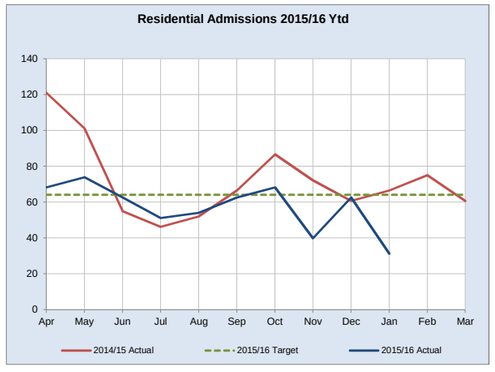
REPORTING CHANGES: National reporting that counts towards the BCF target changed in November. Up to October this was the 2015/16 Actual Total. From November it is the 2015/16 Actual Acute. Sirona have now stopped reporting nationally as community reporting is not consistent across the country. Furthermore, RUH DTOC reporting changed in February, with CHC fast-track now included in the figures.



Residential Admissions

Metric (as at Jan-16)		Baseline 13/14	Planned	Ytd Target	Ytd Actual	Target
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	**2014/15**	914	847	847	864	▼ Below Target
	2015/16	-	765	638	574	
	YTD Variance to target				64	
	% YTD Variance to target				-10%	

* Aim: Ytd Actual to be **LOWER** than Ytd Target

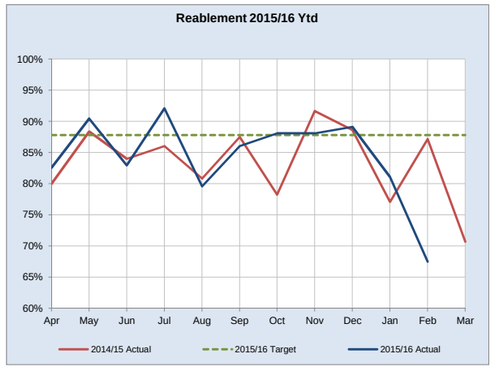


- There were 202 permanent admissions to residential or nursing homes through the year to February, 57 per 100,000 population per month on average against a monthly target of 64.
- This continues the 2014/15 strong performance after the Social Care Pathway Redesign was implemented from July 2014, when more people were offered reablement to try and keep them living independently.

Reablement

Metric (as at Dec-15)		Baseline 13/14	Planned	Ytd Target	Ytd Actual	On Target?
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**2014/15**	86.3%	87.1%	87.1%	83.1%	▼ Below Target
	2015/16	-	87.8%	87.8%	84.3%	
	YTD Variance to target				-3.5%	
	YTD Change from 2014/15				1.2%	

* Aim: Ytd Actual to be **HIGHER** than Ytd Target

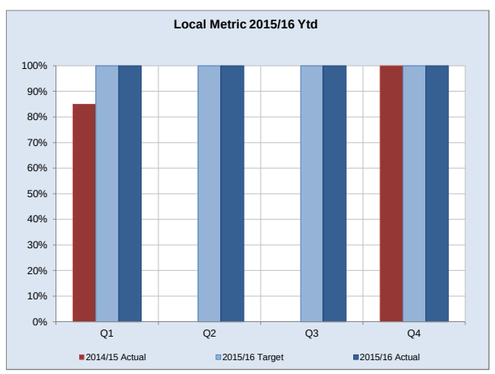


- For the year to February, 84.3% of people were still at home 91 days after discharge. In February, 27 out of 40 people were still at home after 91 days. This data will be reviewed to ensure no inappropriate cases have been included.
- **Please note:** The proportion of older people still at home 91 days after discharge from hospital into reablement is measured nationally as those who were discharged in Q3 and 91 days later were reviewed in Q4. This report follows the results for all months (shown as the month in which the 91 days were completed) and will report against full year and Q4 national target at year end.

Local Metric

Metric (as at Q4-15/16)		Q1 14/15	Planned	Ytd Target	Ytd Actual	On Target?
Proportion of high risk people case managed via Community Cluster Teams with a personalised care plan & lead accountable professional.	**2014/15**	90%	95%	95%	100%	◄► On Target
	2015/16	-	100%	100%	100%	
	YTD Variance to target				0	
	% YTD Variance to target				0%	

* Aim: Ytd Actual to be **HIGHER** than Ytd Target

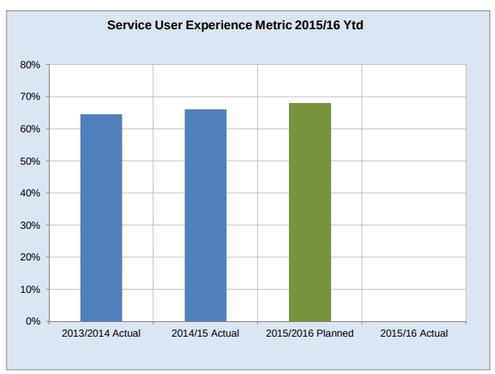


- The Local Metric has been very successful, hitting 100% in each quarter. For Q4, 594 patients were being case managed with a care plan at the end of March 2016.
A new local metric is being developed for 2016/17 and this is what will be reported on going forward.

Service User Experience Metric

Metric (as at 2014/15)		Actual 13/14	Planned	Ytd Target	Ytd Actual	On Target?
How many users of care and support services said they were extremely or very satisfied with their care and support (ASCOF 3A). For respondents over 65.	**2014/15**	64.6%	66.0%	66.0%	66.1%	TBC -
	2015/16	-	68.0%	68.0%	TBC	
	% YTD Variance to target				-	
	% Annual Change in Experience Metric				-	

* Aim: Ytd Actual to be **HIGHER** than Ytd Target



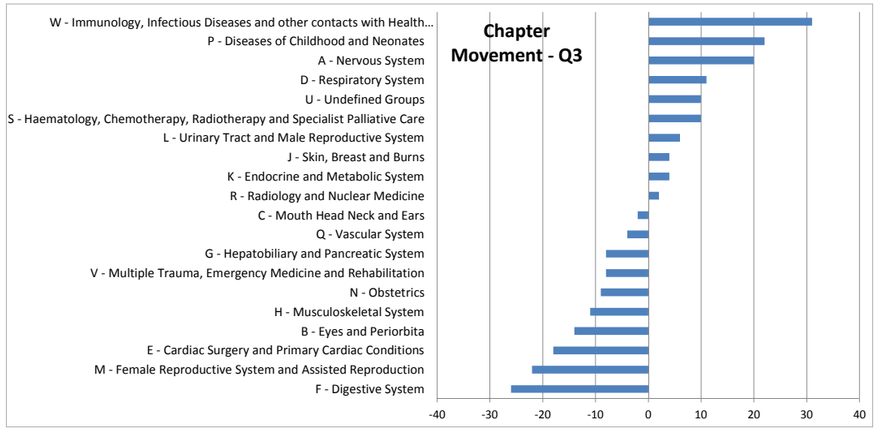
- The 2014/15 result meets the target at 66.1% for over 65's. This compares to the result for all ages of 69%.
- There is a tough target of 68% in 2015/16 that will need to be supported by the ongoing work on the social care pathway and its processes and systems (e.g. Liquid Logic implementation) and the joint deliverable to review and improve the carers over 65's pathway.
- **Please note:** this indicator is only updated on an annual basis and reported in June.

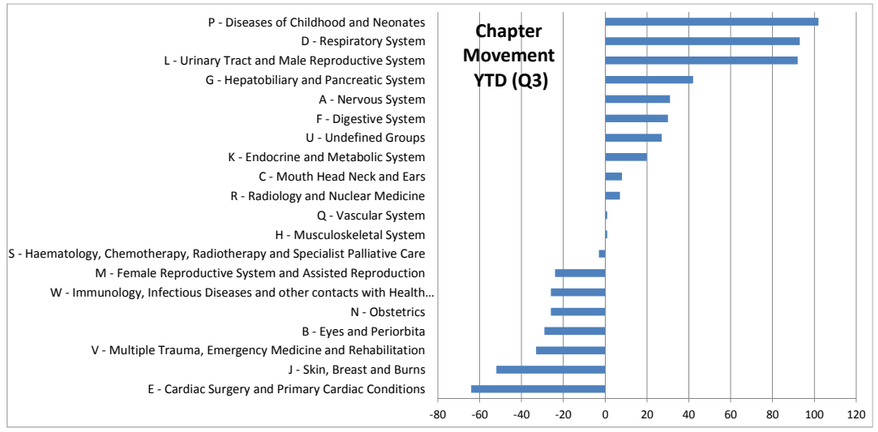
Non-Elective Admissions: Comparison of Quarter 3 2015/16 with 2014/15

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Current Reporting Period: **Feb 16**



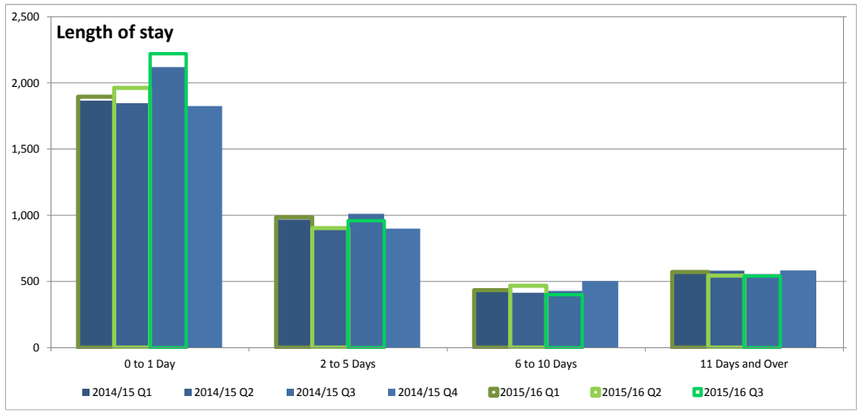


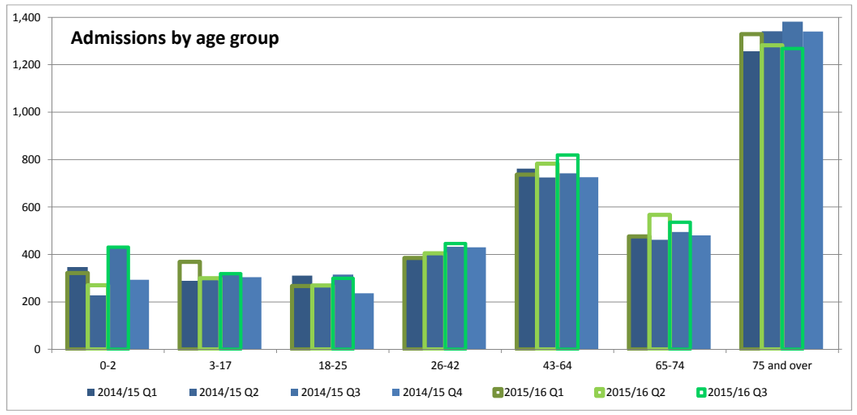
Non-elective Admissions (actuals)	Year	Q1	Q2	Q3	Q4	YTD
	2014 /15	3,827	3,735	4,113	3,809	
	2015/16	3,881	3,877	4,126		
	Variance	54	142	13		

Non-Elective Admissions by Chapter - Q3

The main changes in admissions by injury type compared to Q3 2014/15 are:
- Reduction of 26 to 482 for Digestive System.
- Reduction of 22 to 57 for Female Reproductive System
- Reduction of 18 to 474 for Cardiac Surgery and Primary Cardiac Conditions
- Increase of 31 to 356 for Immunology, Infectious Diseases and other contacts
- Increase of 22 to 725 for Diseases of Childhood and Neonates
- Increase of 20 to 286 for Nervous System

Through the year to date the most substantial increases have been for:
- Diseases of Childhood and Neonates, which ties in to the increase in admissions in the 3 to 17 years age group in Q1 (see below)
- Respiratory System
- Urinary Tract and Male Reproductive System





Length of stay

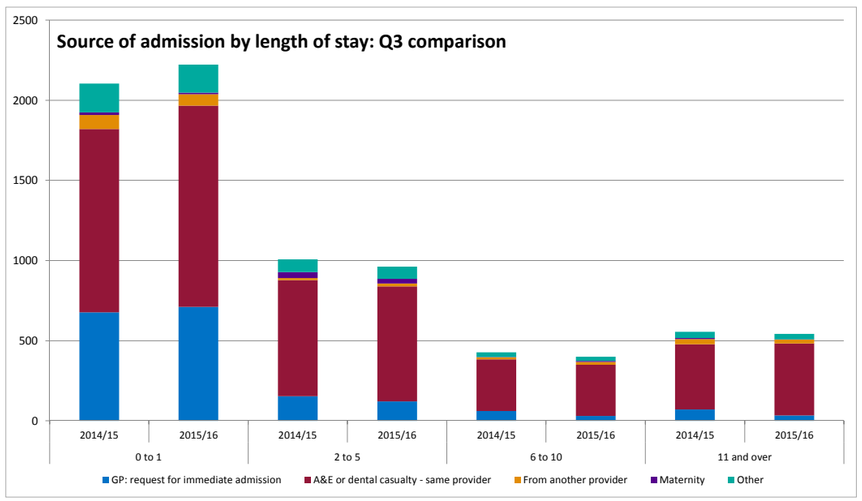
Admissions with a 0-1 day length of stay were 5% higher in Q3 than the same period last year, an increase of 100 admissions. Short stays reduced across the quarters in 2014/15 and have subsequently increased throughout 2015/16.

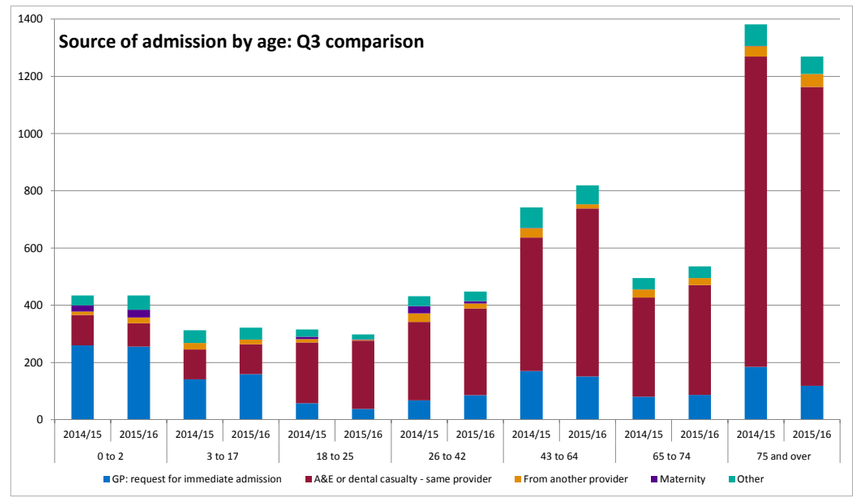
Admissions resulting in a length of stay of 2 days or more were a total of 95 fewer than in Q3 2014/15.

Source of admission by length of stay

The majority of those staying less than one day were admitted through A&E; 1,255 (56%) had A&E or dental casualty as the source of admission.

The growth in patients staying 0-1 days between Q3 2014/15 and Q3 2015/16 included increases of:
- 112 (10%) increase admitted through A&E.
- 34 (5%) increase admitted following a GP request.





Admissions by age

Admissions for those aged 43-64 continued to be substantially higher than last year at 819 in Q3 2015/16 compared to 742 in the same period last year. Admissions for 65-74 year olds were also higher than last Q3 at 536 but down slightly compared to Q2.

Admissions for those aged 75 and over were 113 (8%) lower than Q3 2014/15, continuing the decrease from Q2.

Source of admission by age

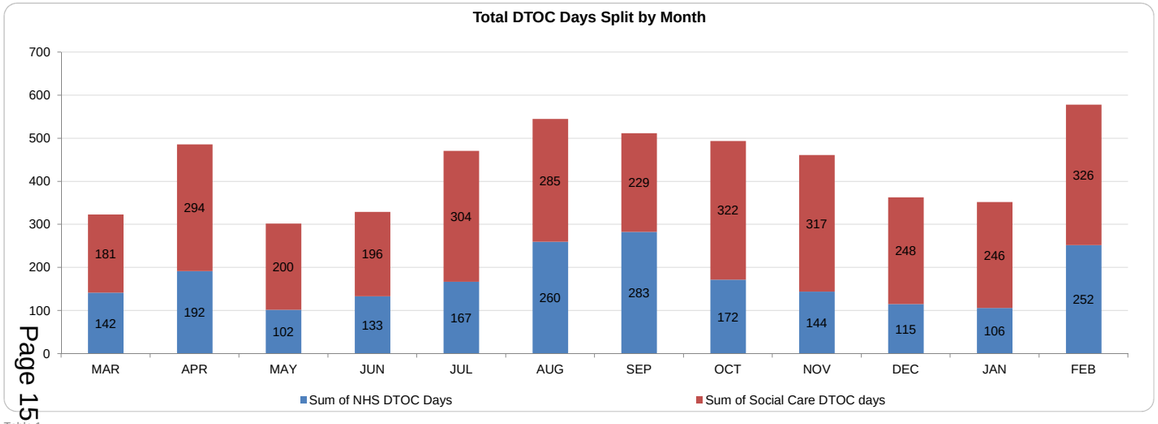
The growth in admissions for 43-64 year olds compared to Q3 2014/15 occurred mainly from A&E or dental casualty, which increased 26% (120 admissions) for this age group. A&E admissions also increased by 11% (37) for 65-74 year olds.

Admissions for those aged 75 and over decreased by 36% (66) for GP admissions and 4% (40) for A&E admissions.

Delayed Transfers of Care (DToC) by reporting provider 2015/16

ALL BANES PATIENTS - Feb. 2016

Graph 1.



Graph 2.

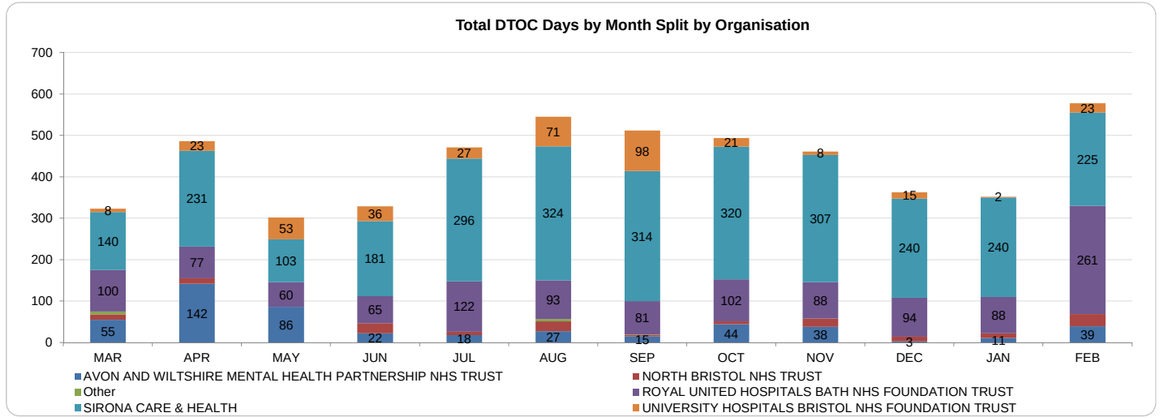


Table 1.

NHS DTOC Days by Reason

DTOC Reason 2014/15	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	15/16 YTD Total	% of Total
CARE PACKAGE IN HOME	24	16	18	49	28	24	58	21	18	0	8	56	**296**	**15%**
COMMUNITY EQUIP ADAPT	5	21	0	0	0	12	7	11	0	0	23	0	**74**	**4%**
COMPLETION ASSESSMENT	1	14	19	9	5	22	23	7	2	2	0	9	**112**	**6%**
DISPUTES	0	0	0	0	0	1	0	0	0	0	0	0	**1**	**0%**
FURTHER NON ACUTE NHS	30	2	17	33	96	107	54	26	22	63	41	126	**587**	**30%**
HOUSING	7	57	0	0	0	7	43	68	0	9	0	8	**192**	**10%**
NURSING HOME	20	43	33	33	16	36	63	20	95	22	13	51	**425**	**22%**
PATIENT FAMILY CHOICE	39	32	15	4	8	37	16	0	2	1	7	0	**122**	**6%**
PUBLIC FUNDING	0	0	0	0	0	0	7	3	0	0	0	0	**10**	**1%**
RESIDENTIAL HOME	16	7	0	5	14	14	12	16	5	18	14	2	**107**	**6%**
Total	**142**	**192**	**102**	**133**	**167**	**260**	**283**	**172**	**144**	**115**	**106**	**252**	**1,926**	**100%**

Table 2.

Social Care DTOC Days by Reason

DTOC Reason 2014/15	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	15/16 YTD Total	% of Total
CARE PACKAGE IN HOME	44	45	52	44	127	138	106	166	169	113	120	129	**1,209**	**41%**
COMMUNITY EQUIP ADAPT	0	0	0	0	0	0	0	0	0	0	0	1	**1**	**0%**
COMPLETION ASSESSMENT	10	34	0	9	10	15	0	17	3	19	14	30	**151**	**5%**
DISPUTES	0	0	0	0	0	0	0	0	0	0	28	0	**28**	**1%**
FURTHER NON ACUTE NHS	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
NURSING HOME	101	162	112	95	57	78	100	87	66	45	50	126	**978**	**33%**
PATIENT FAMILY CHOICE	15	0	10	17	0	9	0	16	30	16	0	0	**98**	**3%**
PUBLIC FUNDING	0	0	1	0	13	6	7	15	30	16	0	9	**97**	**3%**
RESIDENTIAL HOME	11	53	25	31	97	39	16	21	19	39	34	31	**405**	**14%**
Total	**181**	**294**	**200**	**196**	**304**	**285**	**229**	**322**	**317**	**248**	**246**	**326**	**2,967**	**100%**

Comments:

The total number of DTOC days in February was 578, up from 352 in January. The main driver of this growth was the increase in DTOC days at the RUH from 88 in January to 261 in February. RUH DTOC reporting changed during this period, with CHC fast-track now included in the figures. For the CCG as a whole, Social Care DTOCs increased to 326 days. Care package delays remained high and Nursing Home delays increased substantially to 126 days. This may in part relate to the closure of one of B&NES's nursing homes in February. NHS DTOCs increased to 252 days. The main NHS delay reason was "Further non-acute NHS".

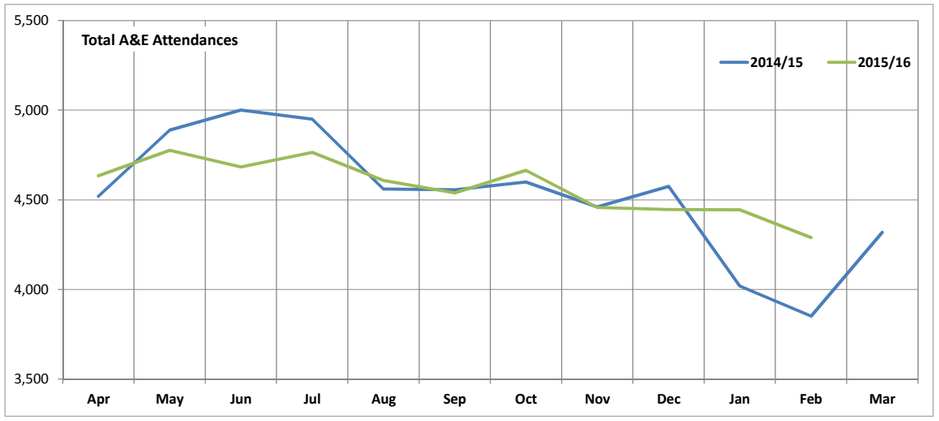
The delays at the RUH were evenly split between Social Care and NHS delays, with the main reasons being "Further non-acute NHS" and "Care package in home". Sirona DTOCs continued a gradually reducing trend to 225 with the main delay reasons being "Nursing Home" and "Care package in home".

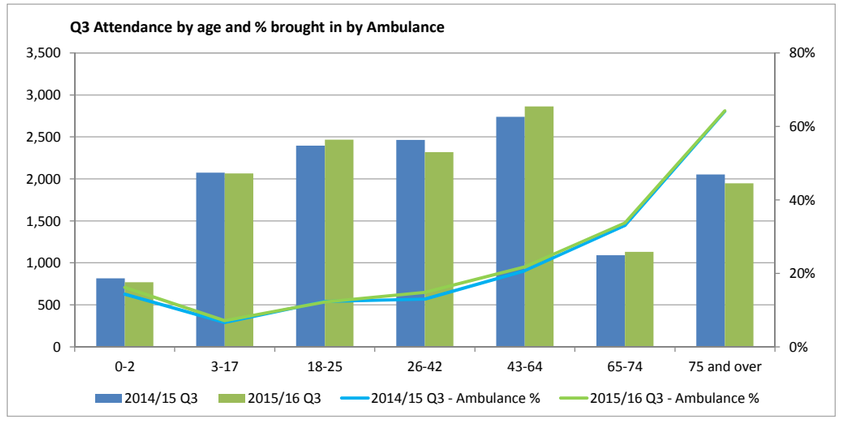
Bath & North East Somerset Council

A&E Attendances - Q3 comparison

NHS
Bath and North East Somerset Clinical Commissioning Group

Current Reporting Period: **Feb 16**





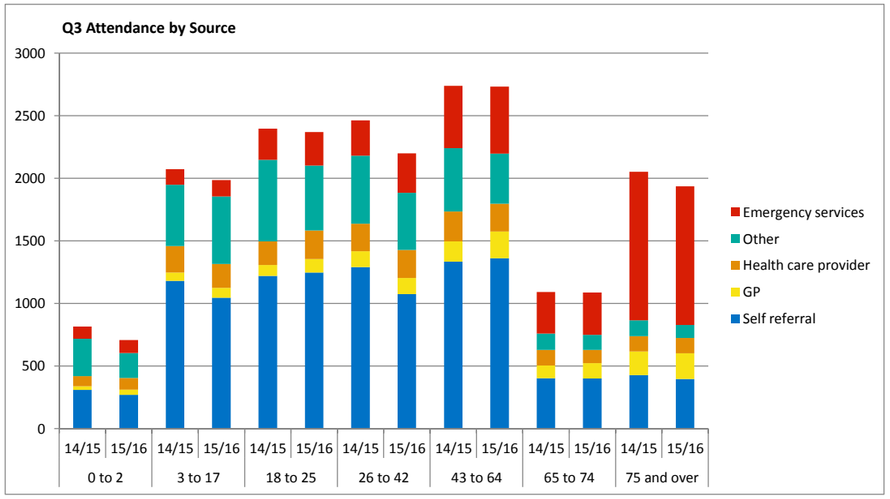
A&E Attendances

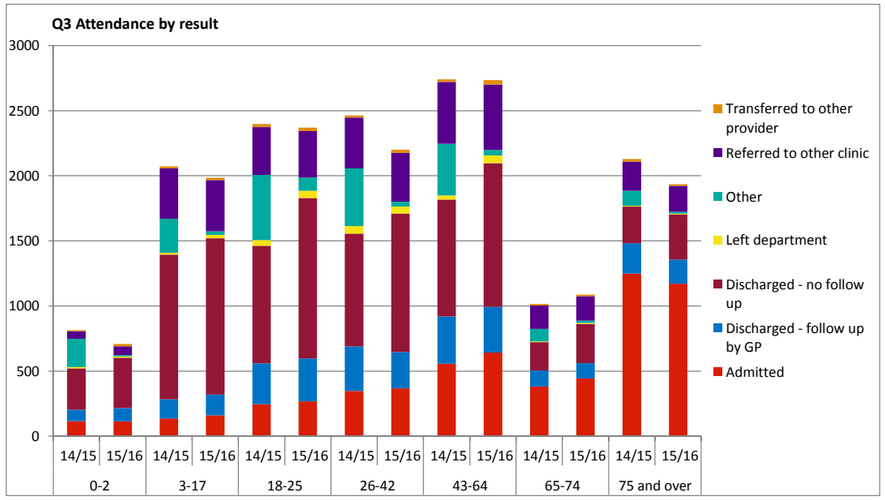
There were 13,567 A&E attendances in Q3 2015/16; 0.5% lower than the same period last year.
Through the year to date, total attendances have seen less pronounced seasonality than in 2014/15, and have not dropped substantially in January and February. Attendances for these last two months are 11% higher than in 2014/15.

A&E Attendances by age and % brought in by ambulance

Compared to Q3 2014/15, A&E attendance decreased by:
- 11% for 26-42 year olds (-264)
- 13% for 0-2 year olds (-107)
- 6% for those aged 75 and over (-117)
- 4% for 3-17 year olds (-88)

The percentage of patients brought in by ambulance rose slightly for all age groups, with the most notable changes being 3% increases for 0-2 year olds and 26-42 year olds.





A&E Attendances by source of referral

Self-referrals decreased compared to Q3 2014/15 by 17% (215) for 26-42 year olds and 11% (134) for 3-17 year olds .

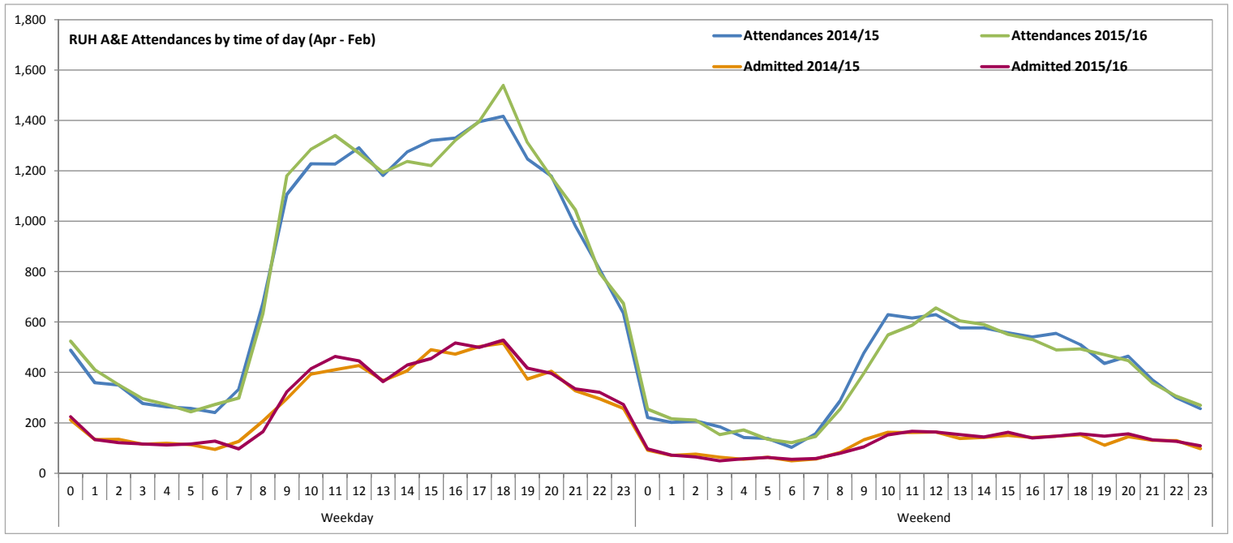
Emergency services referrals decreased by 7% (81) for those aged 75 and over.

Other: Police, Work, Educational establishment, Dental Practitioner, Social Services and others

A&E Attendances by result

Note: A substantial reduction in "null" coding of attendance result means that very few attendances are now shown as having an "other" result. The increases in the number shown being discharged with no follow up, discharged with GP follow up and referred to another clinic are therefore likely to largely reflect this change.

The higher numbers of 43-64 and 65-74 year olds and lower numbers of 75+ year olds admitted compared to Q3 2014/15 are though to be real changes and link to the changes seen in non-elective admissions.



RUH A&E Attendance by arrive time and % admitted (Apr - Feb)

	2014/15		2015/16		% change in number of attendances
	Number	% Admitted	Number	% Admitted	
Weekday					
Day	12,772	34%	12,984	34%	2%
OOH	8,094	36%	8,303	36%	3%
Weekend					
Day	5,669	26%	5,446	27%	-4%
OOH	3,466	35%	3,513	36%	1%
Total	**30,001**	**33%**	**30,246**	**34%**	**1%**

RUH A&E Attendances by arrival time and % admitted

A&E attendances at the RUH YTD are 2% higher during day time hours, with more pronounced morning (09:00 - 12:00) and late afternoon (18:00) peaks. Weekday out of hours (OOH) attendances have increased 3% YTD. In contrast, weekend day time attendances have decreased.

Compared to last year, a higher proportion of patients attending A&E on a weekend are admitted. Patients attending on weekend day times are still the least likely to be admitted.