

Agenda Item 12

DERBYSHIRE HEALTH AND WELLBEING BOARD

29 June 2017

Report of the Strategic Director of Adult Care

**BETTER CARE FUND 2016-17:
QUARTER 4 PERFORMANCE RETURN**

1. Purpose of the Report

To inform the Health and Wellbeing Board of the performance and work of the Derbyshire Better Care Fund as at the fourth quarter reporting period of the 2016-17 financial year.

2. Information and Analysis

This report has been split into two sections comprising:

- General Better Care Fund (BCF) Performance Overview
- Summary of the National Quarter 4 (Q4) 2016-17 Reporting Template

The Better Care Support Team published the Q4 2016-17 National Return template on 25 April 2017 with the expectation that completed templates will be returned by 31 May 2017, following sign-off from respective local Health and Wellbeing Boards (HWBs). Requirements of the Q4 template mirror those of previous quarterly returns with an additional section to reflect on the 2016-17 period.

As with previous quarterly reporting arrangements, the Q4 return will be reported retrospectively to both the Adult Care Board and the Health and Wellbeing Board. Planning requirements for 2017-19 have yet to be published and so quarterly reporting dates are currently unavailable.

The BCF Programme Board reviewed and approved the submission of the performance return at its meeting on 19 May 2017 subject to minor amendments and completion of Section 6: Year End Feedback. Detailed information concerning the measures and responses required can be found in Appendix 1.

General BCF Performance Overview

A table summarising performance at the Q4 2016-17 reporting period is provided at Appendix 2. At the end of 2016-17, as monitored by Q4 performance levels, three of the six metrics achieved their targets. More information on each of the metrics is provided below.

Metric 1, non-elective admissions (NEAs) to hospital, performance during Q4 was higher than planned resulting in a 1.4% increase in non-elective admissions (87,943 against a target of 86,709). This performance was marginally higher than the national average. Though overall, the national picture has mirrored that of Derbyshire.

A number of the CCGs mapped to the HWB area have shown consistently higher than planned rates of admissions which have offset those areas that had come in under plan. Planning for the 2017-19 BCF is underway and will be linked to wider system work to increase admission avoidance through the STP and A&E Delivery Boards.

Metric 2, the Q4 admission rates suggest that the numbers of older people having their care needs met in a residential setting has reduced and exceeded the planned target. However, there is often a time-lag in receiving data for this indicator so the current position should still be viewed with a degree of caution particularly as this sector has been close to capacity over the winter months in response to pressure on local NHS Acute Trusts.

Metric 3, the Q4 outturn shows 83% of people were still at home 91 days following discharge. This is a slight decrease in performance from the previous quarter and means the year-end target of 85% was not achieved.

Metric 4, Delayed transfers of care for 2016-17 were at their highest level since the BCF began with 22,414 bed days lost compared to 17,159 in 2015/16 (31% increase). Despite this increase, performance is still better than the national average.

The majority of occupied days lost to delayed transfers of care occurred in an acute setting (13,036 bed days or 57%) of which the majority of delays were attributable to the NHS (9,922 or 76% of all acute delays). In non-acute settings 56% (5,231) of bed days lost attributable to the NHS with 39% attributable to social care (3,661).

Delayed transfers of care appeared to peak at the end of Q3 and into Q4, with February and March showing a reduction on overall delays compared with preceding months. Planning for BCF 2017-19 will include increased investment into a D2AM pathway and ensuring the High Impact Change Model for Transfers of Care is implemented within Derbyshire.

Metric 5, the Q4 figure relates to the results of the GP Satisfaction Survey undertaken between January and March 2016 as reported at the Q1 monitoring period. The outturn as at March 2016 shows 70.17% of people responding to the survey felt that they were receiving appropriate support from services in the local area to meet their Long Term Condition. (The outturn for

the same monitoring period in 2015-16 was 64.9%). This means the planned target has been achieved. (Data is now provided on annual basis rather than six monthly).

Metric 6 - The percentage of people diagnosed with dementia in relation to prevalence rates improved during 2016-17 with the target for 71% being exceeded by 2.3 percentage points (72.3%). Dementia has been a key local priority since the beginning of the BCF, and continued investment in a range of health and care services for people living with dementia and their carers appears to have worked as planned with performance increasing by 12% since 2014/15.

3. Background papers:

Copies of the 2015-16 and 2016-17 Better Care Fund Plans and associated documents can be found on the Derbyshire County Council website at: http://www.derbyshire.gov.uk/social_health/integrated_care/

4. Officer Recommendations

The Health and Wellbeing Board is asked to:

1. Receive the report and note the responses provided in the National Quarterly Reporting template;
2. Note the work undertaken across the health and social care system to support delivery of the high-level metric targets.
3. Continue to receive regular updates on the progress of the Integration and Better Care Fund throughout 2017-18.

Joy Hollister
Strategic Director, Adult Care
Derbyshire County Council

BCF 2016-17 Q4 RETURN

SECTION 1: COVER

Q4 2016/17	
Health and Well Being Board	Derbyshire
completed by:	Graham Spencer
E-Mail:	graham.spencer@derbyshire.gov.uk
Contact Number:	01629532072
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Carol Hart

SECTION 2: BUDGET ARRANGEMENTS

Have the funds been pooled via a s.75 pooled budget?	Yes
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SECTION 3: NATIONAL CONDITIONS

Condition (please refer to the detailed definition below)	Q3 Submission Response	Please Select ('Yes', 'No' or 'No - In Progress')
1) Plans to be jointly agreed	Yes	Yes
2) Maintain provision of social care services	Yes	Yes
3) In respect of 7 Day Services – please confirm:		
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes
4) In respect of Data Sharing – please confirm:		
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes

APPENDIX 1

SECTION 4: INCOME AND EXPENDITURE

Income

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790	£16,247,790	£16,247,790			

Q2 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790	£16,247,790	£16,247,790	£16,247,790		

APPENDIX 1

SECTION 4: INCOME AND EXPENDITURE (CONTINUED)

Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790	£16,247,790	£16,247,790			

Q2 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790	£16,247,790	£16,247,790	£15,513,032		

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	The actual spend is £735k less due to timing differences between the closure of the 2 respective public sector bodies accounts. This amount will be reallocated in 17/18
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SECTION 5: SUPPORTING MEASURES

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	<p>Target not achieved. Performance during Q4 was higher than planned resulting in a 1.4% increase in non-elective admissions (87,943 against a target of 86,709). This performance was marginally higher than the national average.</p> <p>A number of the CCGs mapped to the HWB area have shown consistently higher than planned rates of admissions which have offset those areas that had come in under plan. Planning for the 2017-19 BCF is underway and will be linked to wider system work to increase admission avoidance through the STP and A&E Delivery Boards.</p>

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	<p>The target was not achieved. Delayed transfers of care for 2016-17 were at their highest level since the BCF began with 22,414 bed days lost compared to 17,159 in 2015/16 (31% increase). However, this performance was better than the national average.</p> <p>The majority of occupied days lost to delayed transfers of care occurred in an acute setting (13,036 bed days or 57%) of which the majority of delays were attributable to the NHS (9,922 or 76% of all acute delays). In non-acute settings 56% (5,231) of bed days lost attributable to the NHS with 39% attributable to social care (3,661).</p> <p>Delayed transfers of care appeared to peak at the end of Q3 and into Q4, with February and March showing a reduction on overall delays compared with preceding months.</p> <p>Planning for BCF 2017-19 will include increased investment into a D2AM pathway and ensuring the High Impact Change Model for Transfers of Care is implemented within Derbyshire.</p>

SECTION 5: SUPPORTING MEASURES (CONTINUED)

Local performance metric as described in your approved BCF plan	Number of people diagnosed and the prevalence of dementia.
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Target has been achieved. The percentage of people diagnosed with dementia in relation to prevalence rates improved during 2016-17 with the target for 71% being exceeded by 2.3 percentage points (72.3%). Dementia has been a key local priority since the beginning of the BCF, and continued investment in a range of health and care services for people living with dementia and their carers appears to have worked as planned with performance increasing by 12% since 2014/15.

Local defined patient experience metric as described in your approved BCF plan	GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Respondents answering "Yes, definitely" or "Yes, to some extent")
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Target has been achieved. The Q4 figure relates to the results of the GP Satisfaction Survey undertaken between January and March 2016 as reported at the Q1 monitoring period. The outturn as at March 2016 shows 70.17% of people responding to the survey felt that they were receiving appropriate support from services in the local area to meet their Long Term Condition. (The outturn for the same monitoring period in 2015-16 was slightly higher at 70.46%). (Data is now provided on annual basis rather than six monthly).

SECTION 5: SUPPORTING MEASURES (CONTINUED)

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Target has been achieved. The Q4 admission rates continue to suggest that the numbers of older people having their care needs met in a residential setting is reducing as planned. However, there is often a time-lag in receiving data for this indicator so the current position should still be viewed with a degree of caution particularly as this sector has been close to capacity over the winter months in response to pressure on local NHS Acute Trusts.

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Target not achieved. The Q4 outturn shows 83%% of people were still at home 91 days following discharge which is a 6% increase on 2015/16 but just short of the 85% target. Improved performance can be attributed to better case finding to ensure that appropriate referrals are being made to the service (as demonstrated in a reduction in overall referrals of 23% in 2016/17 when compared to 2015/16).

SECTION 6: YEAR END FEEDBACK
Part 1: Delivery of the Better Care Fund

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The BCF Programme has built on and strengthened the existing good working relationships across health and social care and continues to provide a helpful platform for developing STP arrangements moving forward (as is being demonstrated in 2017-19 planning).
2. Our BCF schemes were implemented as planned in 2016/17	Agree	We experienced some slippage in relation to new developments (particularly in relation to recruitment) funded through the BCF. An improved implementation plan for 2017-18 has been developed to improve monitoring of these areas to ensure they deliver as planned.
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	Agree	Delivery of the BCF Plan in 2016-17 built on the existing good joint working relationships between health and social care staff at all-levels of delivery.
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Whilst the performance has not achieved the planned outturn, performance would have been even more challenging if it had not been for the investment from the BCF. Furthermore, through governance structures, BCF has given prominence to these issues at a strategic level which it would not otherwise have had.
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Whilst the performance has not achieved the planned outturn, performance would have been even more challenging if it had not been for the investment from the BCF. Furthermore, through governance structures, BCF has given prominence to these issues at a strategic level which it would not otherwise have had.

Statement:	Response:	Comments: Please detail any further supporting information for each response
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	An in-year review of the reablement service and improved case-finding has helped to ensure improved performance during 2016-17.
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Admissions have continued to reduce during 2016/17 as in 2015/16, though Derbyshire remains a comparative outlier in terms of its performance. The overall trajectory is correct and improvements have been made but it is recognised that this is a system-wide issue requiring further work to ensure suitable community-based alternatives are available including preventative measures to reduce numbers of people requiring long-term care.

SECTION 6: YEAR END FEEDBACK (CONTINUED)**Part 2: Successes and Challenges**

8. What have been your greatest successes in delivering your BCF plan for 2016-17?	Response - Please detail your greatest successes	Response category:
Success 1	Investment in Occupational Therapy staff to work with Equipment Prescribers on best practice prescribing has resulted in significant reductions in our equipment spend. This has enabled CCGs and Local Authority to achieve recurrent savings within the BCF for reinvestment in frontline services.	Other
Success 2	BCF S75 agreed by System Leaders in Derbyshire to be a potential enabler for Place-based pooling of resource.	6. Delivering services across interfaces
Success 3	The Derbyshire health and care system has entered a period of financial challenge. By having a pooled resource, the BCF has ensured that decommissioning decisions are being made in partnership across commissioners and not unilaterally.	9. Sharing risks and benefits
9. What have been your greatest challenges in delivering your BCF plan for 2016-17?	Response - Please detail your greatest challenges	Response category:
Challenge 1	The Derbyshire Health and Care system started to see an increase in DTOCs in Q3. Whilst plans are in place to address this issue, namely Urgent Care and Place workstreams of STP (which includes implementation of D2AM) and assurance that	5. Evidencing impact and measuring success

9. What have been your greatest challenges in delivering your BCF plan for 2016-17?	Response - Please detail your greatest challenges	Response category:
	these will begin to deliver improvements in 17/18, we were not able to address the underlying performance issue in-year.	
Challenge 2	At a Derbyshire level, non-elective admissions continue to rise in line with the national average. The Programme has found it difficult to evidence the direct and attributable impact the schemes are having on NELs.	7. Digital interoperability and sharing data
Challenge 3	There was slippage within the projected BCF for the second successive year. Processes are in place for 17/18 to ensure that any slippage is identified early in the year and utilised in areas where non-recurrent spends will deliver system priorities through short-term “double running” costs to support transformation.	9. Sharing risks and benefits

Response Category options:

1. Shared vision and commitment
 2. Shared leadership and governance
 3. Collaborative working relationships
 4. Integrated workforce planning
 5. Evidencing impact and measuring success
 6. Delivering services across interfaces
 7. Digital interoperability and sharing data
 8. Joint contracts and payment mechanisms
 9. Sharing risks and benefits
 10. Managing change
- Other

SECTION 7: ADDITIONAL MEASURES

Improving Data Sharing: (Measures 1-3)**1. Proposed Measure: Use of NHS number as primary identifier across care settings**

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Shared via Open API
From Hospital	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via Open API	Shared via interim solution	Shared via interim solution

SECTION 6: ADDITIONAL MEASURES (CONTINUED)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From Mental Health	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via interim solution	Shared via Open API	Shared via interim solution
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via Open API

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	In development	Live	Live	Live
Projected 'go-live' date (dd/mm/yy)			01/06/2018			

3. Proposed Measure: Is there a Digital Integrated Care Pilot Currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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SECTION 7: ADDITIONAL MEASURES (CONTINUED)

Other Measures: Measures (4-5)**4. Proposed Measure: Number of Personal health Budgets per 100,000 population**

Total number of PHBs in place at the end of the quarter	34
Rate per 100,000 population	4
Number of new PHBs put in place during the quarter	1
Number of existing PHBs stopped during the quarter	0
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	29%
Population (Mid 2016)	788,755

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - throughout the Health and Wellbeing Board area

SECTION 8: NARRATIVE

Please provide a brief narrative on overall progress, reflecting on performance in Q4 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Highlights and successes - The following have been identified as areas of particular note during quarter four:

- Residential admission rates have continued to reduce in line with planned trajectory - early data suggests year-end target will be achieved;
- The percentage of people still at home 91 days after a period of reablement has improved throughout 2016-17 compared to 2015-16;
- Dementia diagnosis rates continue to improve on a quarterly basis and are consistently above the national average
- Integrated Community Equipment Service has continued to increase activity whilst reducing costs helping more people to remain independent in their local area.

Challenges and concerns







- Delayed Transfers of Care – challenge to reduce an increasing number of bed days lost to delays. This is a system wide problem that BCF is assisting with, but is not the single solution for. Improved system ownership of the problems causing delays is emerging through development of the two A&E Delivery Boards
- Non-Elective Admission rates were higher than planned during 2016-17 with Q4 showing a marked increase compared to previous quarters - as with DTOCs, the BCF is assisting the system with the problem.
- Workforce capacity remains an area of concern both in terms of existing capacity and retention and ability to recruit and retain new staff across health and care system (and across all sectors of provision). The issue is not limited to rural areas either and remains a challenge for the system wide Workforce Delivery Group to address.

Potential actions and support

- Refreshing the BCF in 2017-19 to be more closely aligned with the system wide Sustainability and Transformation Plan;
- Continued development & monitoring of BCF performance and risk assurance to ensure programme is delivering as planned and to challenge under performance.
- Talent Academy has been established to address the workforce capacity issues across both Derbyshire and Derby City.

BCF National Reporting Metrics: Quarterly Performance Summary

APPENDIX 2

Metric	Reporting Period ¹	Q1	Q2	Q3	Q4	Year End (Projection)	Year End Target	Quarterly Performance Trend (Q1 2014-15 - Q4 2016-17)	Performance Against National Average
1. Non-Elective Admissions (NEAs) General and Acute - actual number	2014/15	21,081	20,795	21,723	21,141	84,739	N/A		BELOW
	2015/16	22,264	21,816	22,529	22,786	89,394	N/A		BELOW
	2016/17	21,888	21,479	22,135	22,441	87,943	86,709		BELOW
2. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (Rate per 100,000 population) ²	2014/15	182.5	183.1	200.1	232.1	797.8	688.4		BELOW
	2015/16	193.4	189.1	183.6	178	744.1	669.2		BELOW
	2016/17	192.1	184.8	150.1	161	688	743.6		N/A
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services ³	2014/15	81.6%	86.6%	79.0%	87.1%	83.6%	81.7%		BETTER THAN
	2015/16	84.1%	89.4%	82.4%	73.6%	73.6%	82.5%		BELOW
	2016/17	88.4%	86.0%	84.8%	83.0%	83.0%	85.3%		N/A
4. Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	2014/15	859.3	703.8	644.6	605.0	703.2	985.9		BETTER THAN
	2015/16	641.6	596.8	655.3	830.2	681.0	966.0		BETTER THAN
	2016/17	825.4	854.3	982.9	885.7	883.3	710.6		BETTER THAN
5. Patient Experience - GP Patient Survey Q32: Percentage answering "yes" - In the last 6 months, have you had enough support from local services/organisations to help manage your long-term condition? ⁴	2014/15	70.32%	70.32%	70.80%	70.80%	70.56%	65.90%		BETTER THAN
	2015/16	70.41%	70.41%	70.50%	70.50%	70.46%	66.20%		BETTER THAN
	2016/17	70.20%	70.20%	70.20%	70.20%	70.20%	66.50%		BETTER THAN
6. Percentage of people diagnosed compared to prevalence of dementia.	2014/15	59.5%	58.9%	61.9%	64.7%	61.3%	67.0%		BELOW
	2015/16	70.5%	71.5%	71.3%	70.6%	71.0%	68.0%		BETTER THAN
	2016/17	72.1%	73.3%	74.1%	73.2%	73.2%	71.0%		BETTER THAN

Notes:

- 2014/15 is BCF Baseline Year and used as comparator.
- There is a time-lag in receiving data for this indicator, therefore quarterly outturns are subject to change during the year and so current outturns should be viewed with this in mind.
- The Annually reported figure for reablement is based on the Q4 outturn, rather than cumulative performance across the year.
- The survey behind this indicator became annual from six monthly during 2016-17 hence no change in outturn throughout 2016/17