Local authority area data profiles: Older people's pathway (Spring 2020 update)

Technical annex: Indicator definitions and constructions

Background

This document sets out the definitions, data sources, data periods and associated caveats for the indicators featured in CQC's local authority area data profiles.

The measures were originally selected as part of a broader data profile designed to support CQC's local system review of the health and social care service interface for older people across 20 local authorities.

These profiles are designed to inform CQC staff and prompt lines of enquiry about potential systems and cross-sector issues in local areas. They are not designed to be used in isolation to make judgements about system-level performance. Equally, local system leaders may find the profiles useful in facilitating discussions aimed at making system-wide improvements, although they should also consider a broader range of metrics and locally held information.

Data profiles

The data profiles draw on analysis of CQC data and other national data collections to try to better understand performance within and across health and care systems in a local area.

While not a review of local authorities themselves, the geographical boundary of these data profiles has been set to that of the local authority and therefore many of the measures within the profile are presented at local authority level. Where data could not be sourced at this level, it has either been aggregated up from a lower level and/or mapped to the relevant local authority.

CQC aims to include the most up-to-date analysis in the profiles, but due to publication schedules for some annual measures as well as capacity to process analysis, some indicators may not feature the most up-to-date information. Please note that several of the indicators within the profiles are experimental and the content and layout of the profiles is subject to change as we look to improve them iteratively.

New indicators that have been added to the profile are highlighted within this guidance.

Statistical analysis

Statistical analysis has been undertaken on some of the measures within the profiles to determine whether the local authority of interest is statistically significantly different to the England average.

Where we can transform the data into a standard normal distribution we have generated z-scores to measure how far the observed value of the selected local authority deviates from the England average or 'mean'. The z-scores reflect the number of standard deviations from the mean, after winsorising the data at the 10% level and controlling for over-dispersion. Please note that as we are moving towards automation of the profiles a few small tweaks to the z-scoring methodology have been made to improve it. While the essentials of the method are the same, there is a very small effect to the calculated z-score which means results will not match exactly with our previous manual z-score calculations.

Where a local authority's z-score is greater than 2 or less than -2 it is said to be either 'significantly better' or 'significantly worse' than the England average. Organisations are excluded from statistical analysis if their values are too low. This is represented by "-" in the accompanying table for the indicator.

The analysis of Hospital Episode Statistics (HES) data uses non-standardised figures which do not take account of variations in population characteristics, such as age or sex, which could influence performance.

Comparator groups

Where possible, information for the local authority of interest is presented alongside information for its 'comparator group' as well as the England average.

The comparator group is made up of the 15 local authorities deemed 'most similar' to the local authority of interest. These 15 areas have been drawn from the Chartered Institute of Public Finance and Accountancy's Nearest Neighbour model. Our analysis of data uses both the 2014 model (data downloaded on 04/05/2017), and the 2018 version (supplied to CQC on 05/09/2019), to take account of the boundary changes around Bournemouth, Poole and Dorset to form two new unitary authorities: Bournemouth, Poole and Christchurch, and Dorset.

The Nearest Neighbour model identifies the 15 local authorities that are most similar to a selected local authority, based on a range of socio-economic and geographic variables. Where indicators in our profile only go up to April 2019, the comparator analysis uses the 2014 Nearest Neighbour Model, where indicators only use post-April 2019 data, the 2018 Nearest Neighbour Model is used. For indicators that span periods both before and after April 2019, check details in the table below to see which Nearest Neighbour Model has been used.

Local authorities are not compared to all other authorities in the country, but according to their categorisation into the following groups: London Boroughs, Metropolitan Districts and Unitary Authorities, and Counties.

Indicator name	Demographic context
Technical definition	1. Age – Percentage of population aged 65 and over (65+) Numerator: Number of people resident in MSOA aged 65+ Denominator: Total number of people resident in MSOA MSOA: Middle super output area, geographic areas made up, on average, of a population of 7,200 individuals 2. Deprivation – average Indices of Multiple Deprivation (IMD) score quintiles at LSOA level. 3. Ethnicity profile – percentage of population categorised as BME. Numerator: Number of people resident in MSOA categorised as BME. Denominator: Total number of people resident in MSOA.
Source	1. Census data via Nomis 2. Department of Communities and Local Government 3. Census data via Nomis
Time period	1. 2011 2. 2019 3. 2011
Indicator name	Life expectancy at age 65 (Males and Females)
Technical definition	Numerator: Number of deaths registered in the respective calendar years in those aged 65 and over Denominator: ONS mid-year population estimates for the respective calendar years These measures show the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life after that age. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of

	years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives. Analysis produced by Public Health England's Epidemiology and Surveillance Team
Source	Public Health England: Productive Healthy Ageing Fingertips dashboard ©Crown copyright 2018
Time period	2016-2018
Indicator name	Healthy life expectancy at age 65 (Males and Females)
Technical definition	Numerator: Number of deaths registered in the respective calendar years for ages 65 years and over and the weighted prevalence of people reporting good or very good health from the Annual Population Survey. The weighting is based on Census 2011 health data. Denominator: ONS mid-year population estimates for ages 65 years and over for the respective calendar years and Annual Population Survey sample weighted to local authority population totals. These measures show the average number of years a person aged 65 years would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health. For a particular area and time period, it is an estimate of the average number of years a person aged 65 years would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her remaining life. Figures are calculated from deaths from all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three year period. Caveats: The Annual Population Survey excludes residents of communal establishments except NHS housing and students in halls of residence where inclusion takes place at their parents' address. The Census 2011 health data weighting helps to an extent by adjusting for older populations. This measure is based on self-reported health status so will be affected by subjective perception of health. Analysis produced by ONS.

Source	Public Health England: Productive Healthy Ageing Fingertips dashboard ©Crown copyright 2018
Time period	2016-2018
Indicator name	NEW INDICATOR: Inequality in life expectancy at 65 (Males and Females)
Technical definition	Definition: This indicator shows the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. Life expectancy at age 65 is calculated for each deprivation decile of lower super output areas (LSOAs) within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. Caveat: The SII for England is presented in the profile alongside the local authority figures for information purposes and to improve the display of the indicators on the page. However, the SII for England should not be considered as a comparator for the local authority figures, because the England figure takes account of the full range of deprivation and mortality across the whole country, and so does not provide a suitable benchmark with which to compare local authority results, which take into account the range of deprivation and mortality within much smaller geographies. Further information can be found here: https://fingertips.phe.org.uk/search/expectancy#page/6/gid/1/pat/6/par/E12000005/ati/102/are/E06000019/iid/93190/age/94/sex/2 Analysis produced by Public Health England Population Health Analysis Team
Source	Public Health England: Productive Healthy Ageing Fingertips dashboard ©Crown copyright 2020
Time period	2016-2018
Indicator name	CQC ratings for adult social care (ASC) locations within the local authority area

Technical definition	ASC locations (residential care homes, nursing care homes, domiciliary care agencies and other community adult social care locations such as supported living, extra care housing and shared lives): Most recent CQC overall ratings shown for all ASC locations geographically located within the local authority. Please note that domiciliary care agency locations and other community adult social care locations are not marked on the map. Caveat: it should be noted that ASC locations (particularly domiciliary care agencies) located outside the selected local authority may be responsible for providing care to those within the local authority and vice versa. This analysis includes all active ASC locations, not only those commissioned by the council.
Source	CQC data warehouse
Time period	As at date of profile production, see relevant slide.
Indicator name	Provision of ASC services per population
Technical definition	The number beds within active and registered ASC residential care homes and care homes with nursing within the local authority of interest are shown, respectively. This is compared against the number of care home beds across the local authority's comparator group and England, if the populations across these areas were the scaled to the same size as the local authority of interest. Numerator: Number of beds in residential care homes/care homes with nursing multiplied by selected local authority's population aged 65+. Denominator: Selected local authority/comparators/England population aged 65+.
Source	CQC data warehouse Office for National Statistics (ONS) 2017 local authority mid-year population aged 65+
Time period	As at date of profile production, see relevant slide.
Indicator name	Change in provision of ASC services
Technical definition	Percentage change in the number of beds in residential care homes and care homes with nursing within the local authority compared to comparator areas and the England average.

	The chart compares the number of care home beds in the selected local authority against the weighted average across comparators and England at each time point that this analysis has been produced.

Caveat: It should be noted that ASC locations located outside the selected local authority may be responsible for providing care to those within the local authority and vice versa.

This analysis includes all active ASC locations, not only those commissioned by councils.

At October 2019 the comparator analysis switches from using the 2014 Nearest Neighbour Model to using the 2018 Nearest Neighbour Model. |
Source	CQC data warehouse
Time period	December 2017 to as at point of profile production
Indicator name	Number of requests for ASC support received from new clients (aged 65+)
Technical definition	Count of requests to the local authority for access to adult social care services for new clients aged 65+ during each financial year.

A new client is defined as a client that is not in receipt of long-term support. A single client can make multiple requests for support. Data sourced originally from the Short and Long-Term Support (SALT) collection. All SALT data in these reference tables are presented to the nearest five, with values below four suppressed. As a result of this rounding, some figures may not sum.

Please note that some councils advised there were data quality issues affecting their SALT returns. |
Source	NHS Digital: Adult Social Care Activity and Finance: England 2018-19 (Table 2)
Time period	2016/17 to 2018/19
Indicator name	Requests for ASC support from new clients (aged 65+), per 100,000 population
Technical definition	Numerator: Count of requests to the local authority for access to ASC services for new clients aged 65+ during the financial year

Denominator: Size of the older adult population (aged 65+) in the area.

A new client is defined as a client that is not in receipt of long-term support. A single client can make multiple requests for support.

Data sourced originally from the Short and SALT collection. All SALT data in these reference tables are presented to the nearest |

	five, with values below four suppressed. As a result of this rounding, some figures may not sum. Mid-year 2018 population data from ONS is used in the denominator. Please note that some councils advised there were data quality issues affecting their SALT returns.
Source	NHS Digital: Adult Social Care Activity and Finance: England 2018/19 (Table 12)
Time period	2018/19
Indicator name	Services received by new clients (aged 65+) who requested ASC support
Technical definition	Count of services received ("what happened next"), by category, as a percentage of the count of requests for support received from new clients aged 65+ during the financial year. A new client is defined as a client that is not in receipt of long-term support. A single client can make multiple requests for support. Requests for support and episodes of Short Term Care to Maximise Independence (ST-MAX) are only recorded in the SALT collection once the local authority knows what happened to the client following the request for support or the episode of short term care. The "what happened next" is also known as a sequel. Where a single request for support results in more than one sequel, the request is recorded once using a left to right hierarchy. The left to right hierarchy follows this order: 1. Short-term care: to maximise independence 2. Long-term care: Nursing 3. Long-term care: Residential 4. Long-term care: Community 5. Long-term care: prison 6. 100% NHS-funded care 7. End of life 8. Ongoing low-level support 9. Short-term care: other short-term 10. Universal services/ signposted to other services 11. No services provided: Deceased 12. No services provided The chart in our profile does not follow the same hierarchy detailed above, instead we have ordered the chart from long-term through to more short-term forms of support. In order to make the chart in our profile clearer, the following services have been grouped: • Long-term care: Nursing and long-term care: Residential • Other* = Long-term care: Prison, 100% NHS-funded care, End of Life [these were grouped because of low numbers].

	Data sourced originally from the SALT collection. All SALT data in these reference tables are presented to the nearest five, with values below four suppressed. As a result of this rounding, some figures may not sum. Please note that some councils advised there were data quality issues affecting their SALT returns.
Source	NHS Digital: Adult Social Care Activity and Finance: England 2018/19 (Table 11)
Time period	2018/19
Indicator name	Outcome of short-term ASC services: sequel to service
Technical definition	ST-Max is a time-limited period of short-term support intended to maximise the independence of clients and reduce, or prevent, longer-term reliance on social care. This indicator shows the proportion of older people (aged 65+) who received a short-term service where the sequel to service ("what happened next") was either no requirement for ongoing support or a reduction in the level of support required. Numerator: Number of new service users (aged 65+) that received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level. Denominator: Number of new service users (aged 65+) who had short-term support to maximise independence.
Source	Adult Social Care Outcomes Framework (ASCOF) 2D
Time period	2016/17 to 2018/19
Indicator name	Long-term support needs of older adults (aged 65+) met by admission to residential and nursing care homes, per 100,000 population
Technical definition	Numerator: The number of council-supported older adults (aged 65+) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care). Denominator: Size of the older adult population (aged 65+) in the area.
Source	ASCOF 2A (2)
Time period	2016/17 to 2018/19
Indicator name	Proportion of people using social care who receive self-directed support, and those receiving direct payments
Technical definition	This is a two-part measure that reflects the progress made in delivering personalised services through self-directed support and direct payments.

	Numerator 1: Number of service users aged 65+ receiving either a) Direct payment, b) Part direct payment or c) Council with Adult Social Services Responsibility (CASSR) managed personal budget at the year-end 31 March. Denominator 1: Number of service users aged 65+ accessing long-term support at the year-end 31 March. Numerator 2: Number of service users aged 65+ receiving direct payments and part-direct payments at the year-end 31 March. Denominator 2: Number of service users aged 65+ accessing long-term support at the year end 31 March The lighter shaded bars in the chart represent the proportion of service users receiving self-directed support, while the bolder shaded bars represent the proportion receiving direct payments.
Source	ASCOF 1C (1A & 2A)
Time period	2016/17 to 2018/19
Indicator name	ASC staff vacancy and turnover rates
Technical definition	ASC staff turnover rate: Numerator: Number of staff that left in the past 12 months Denominator: Number of permanent and temporary staff employed (directly employed staff). ASC staff vacancy rate: Numerator: Number of vacancies at the time of completing the National Minimum Data Set for Social Care (NMDS-SC). Denominator: Number of permanent and temporary staff employed plus the number of vacancies. This analysis is based on local authority workforce estimates developed and provided directly to CQC by the Skills for Care Workforce Intelligence Analysis Team. This information refers to jobs working in the statutory local authority sector and the independent sectors only. Jobs for direct payment recipients and those working in the NHS are not included in these workforce estimates. Local authorities with employee numbers below 50 or data quality concerns are suppressed. For more information about Skills for Care data please go to www.skillsforcare.org.uk/ourdata
Source	Skills for Care Workforce Intelligence Analysis Team
Time period	2016/17 to 2018/19

	Independent sector information is derived from the NMDS-SC as at March 2016-2019, local authority information is correct as at September 2015-2018.	
Indicator name	Local Authority Adult Social Care Costs	
Technical definition	Average cost of an hour of homecare Data was collected via FoI requests the UK Homecare Association submitted to each council for their average cost during a week in April 2018. The UKHCA also calculated a minimum price of £18.01 per hour of homecare, represented as the dotted line on the graph. UKHCA's minimum price is designed to cover the cost of an hour of homecare commissioned by local authorities, while enabling providers to meet their legal obligations (including the National Minimum Wage) and the ability to run a sustainable business. The UKHCA have also set a minimum price of £18.93 for April 2019. This data relates to all homecare packages, not just those for people aged 65+	Average cost of residential/nursing home placement for people aged 65+ A unit cost is the average cost of providing services per week per person and is calculated as follows: Unit Cost = (Total Expenditure – Grants to voluntary organisations) ÷ Total Activity (in weeks) The activity data used in the unit cost calculation is collected as part of the ASC-FR return. Local authorities provide the number of weeks of care provided, which is calculated as follows: Activity (Weeks) = (Hours of care provided in week ÷ Total hours in the week) multiplied by the number of weeks for which care was provided. The total hours in a week is based on a 24 hour day, and therefore 168 hours in a week.
Source	UK Homecare Association	NHS Digital: Adult Social Care Activity and Finance: England 2018/19 (Table 50)
Time period	April 2018	2018/19
Indicator name	Service user experience measures	
Technical definition	Performance of the selected local authority against five service user experience measures related to primary care and social care: A. Access to GP practice services: Percentage of GP Patient Survey respondents reporting a "very good" or "fairly good" experience of making an appointment. Data from this indicator covers all adults, not just those aged 65+.	

	B. Support to manage long-term conditions: The directly standardised percentage of people who feel supported to manage their long-term condition (LTC), weighted for design and non-response. Data from this indicator covers all adults, not just those aged 65+. C. Access to information about ASC support: The proportion of respondents aged 65+ who use ASC services who find it "very easy" or "fairly easy" to find information about ASC services. D. Social contact for ASC users: The proportion of respondents aged 65+ who use ASC services who reported that they had as much social contact as they would like E. Overall ASC satisfaction: Proportion of respondents aged 65+ who use ASC services who said they were satisfied with their care and support. The chart displayed on this slide shows the percentage difference between the selected local authority and the England average. If the local authority's value is below (worse than) the England average, the bar will show in red, if the local authority's value is above (better than) the England average, the bar will show in green. Where the difference between the selected local authority's value and the England average is statistically significant, the bars in the chart will be shaded more boldly.
Source	A. NHS Outcomes Framework - indicator 4.4i (GP Patient Survey) B. NHS Outcomes Framework – Indicator 2.1 (GP Patient Survey) C. ASCOF 3D (1) D. ASCOF 1L (1) E. ASCOF 3A
Time period	A. 2018/19 B. 2018/19 C. 2018/19 D. 2018/19 E. 2018/19
Indicator name	CQC ratings for GP practice locations within the local authority area

Technical definition	GP practices: Most recent overall CQC ratings shown for GP practices geographically located within the local authority. *Caveat: Only registered locations are shown; in cases where there are additional GP branch practices, these are not shown (as this information is not currently held within CQC's data warehouse).* *It should be noted that GP practices located outside the selected local authority may be responsible for providing care to those within the local authority and vice versa.*
Source	CQC data warehouse
Time period	As at date of profile production, see relevant slide.
Indicator name	Primary care workforce per 100,000 registered patients
Technical definition	Rate of the total number of full time equivalent (FTE) primary care staff, by role, per 100,000 GP practice registered patients (TOTAL_PATIENTS). Rates are presented for the following primary care workforce roles: 1. Regular GPs (Permanent GPs and Registrars - TOTAL_GP_EXL_FTE) 2. Locum GPs (TOTAL_GP_FTE - TOTAL_GP_EXL_FTE) 3. Nurses (TOTAL_NURSES_FTE) 4. Direct Patient Care staff (TOTAL_DPC_FTE) 5. Administration and Clerical staff (TOTAL_ADMIN_FTE) CQC has mapped GP practices to local authorities using the location's Organisation Data Service (ODS) code and postcode.
Source	NHS Digital: General Practice Workforce
Time period	As at 31 December 2019
Indicator name	Local authority to CCG mapping
Technical definition	CCGs are mapped to local authorities using a mapping of Health and Wellbeing Boards (HWBs) to CCGs presented in NHS England's Better Care Fund returns. CCGs are only mapped to a local authority if 10% or more of the HWB's population falls within the CCG boundary.
Source	NHS Better Care Fund HWB to CCG mapping
Time period	2019/20
Indicator name	NHSE CCG ratings
Technical definition	Latest overall NHS England rating for the CCGs associated with the local authority. NHS England has a statutory duty to undertake an annual assessment of CCGs. This has been done under the auspices of

	the Improvement and Assessment Framework (IAF), with the overall assessment derived from CCGs' performance against the IAF indicators, including an assessment of CCG leadership and financial management. Each CCG has received an overall assessment that places their performance in one of four categories: outstanding, good, requires improvement, or inadequate.
Source	NHS England CCG Annual Assessment
Time period	2018/19
Indicator name	Quality of CCG leadership
Technical definition	Quality of CCG leadership is one of 60 CCG metrics within the 2019/20 NHS Oversight Framework). On the basis of evidence provided by the CCG, four key lines of enquiry (KLOE) will be assessed to determine how robustly the senior leaders of a CCG, both clinicians and managers, are performing their leadership role. The KLOEs are reflective of the 'well-led' theme within the provider oversight metric annexes. These are: • Leadership capability and capacity • Quality • Governance • Leadership around transformation The frequency of review will be locally agreed based on the level of risk the CCG is carrying or issues that may emerge during the year. A review may only be required annually, unless there is leadership change. A green rating (Good) would be given when the CCG has no issues or minor/low risk issues. Within this banding, a CCG that is considered very good, with practice that could be replicated as an exemplar would be awarded a green star rating (Outstanding). An amber rating would be given when moderate weaknesses have been identified (Requires improvement). A red rating would be given when there is significant failure to meet requirements (Inadequate).
Source	NHS Oversight Framework 2019/20: CCG Metrics
Time period	Q1 2019/20
Indicator name	NHS Continuing Healthcare NHS Continuing Health Care (CHC) is a package of ongoing care, arranged and funded solely by the NHS, for individuals found to have a 'primary health need' as set out in the national framework for NHS Continuing Healthcare and NHS-funded Nursing Care.

	Such care is provided to an individual aged 18 or over to meet needs that have arisen as a result of disability, accident or illness. Further information is available here: https://www.england.nhs.uk/healthcare/
Technical definition	1. Count of cases in each quarter referred and count of cases in each quarter eligible for standard NHS continuing healthcare per 100,000 population aged 18+ The solid lines on the chart show the rate of referrals in each quarter, the dotted lines show the eligibility rate. This data is presented at CCG level. Data for the main CCGs for the selected local authority (as determined by the previous slide) are shown compared to the England average. Where a merger of CCGs has taken place in April 2018, the lines for the predecessor CCGs will merge into a bolder line for the new CCG. This analysis does not include Fast Track cases for people with a rapidly deteriorating/terminal condition who require NHS CHC funding to enable their needs to be urgently met. Data published by NHS England shows rates per 50,000 population aged 18+. We have presented the data as rates per 100,000 to be more consistent with other analysis in our profile.
	2. Percentage of standard NHS CHC referrals for full assessment completed in quarter within 28 days. This data is presented at CCG level. Data for the main CCGs for the selected local authority (as determined by the previous slide) are shown compared to the England average. Where a merger of CCGs has taken place in 2018/19, the lines for the predecessor CCGs will merge into a bolder line for the new CCG. This analysis does not include Fast Track cases for people with a rapidly deteriorating/terminal condition who require NHS CHC funding to enable their needs to be urgently met.
	3. Percentage of Decision Support Tools completed in quarter in an acute setting. Once an individual has been referred for a full assessment of eligibility for NHS CHC, then a multidisciplinary team must assess whether the individual has a primary health need using the Decision Support Tool (DST). Completing DSTs in acute hospitals can lead to delays in the discharge process, and as such it is advised that this is kept to a minimum.

	This data is presented at CCG level. Data for the main CCGs for the selected local authority (as determined by the previous slide) are shown compared to the England average. Where a merger of CCGs has taken place in 2018/19, the lines for the predecessor CCGs will merge into a bolder line for the new CCG. This analysis does not include Fast Track cases for people with a rapidly deteriorating/terminal condition who require NHS CHC funding to enable their needs to be urgently met.
Source	NHS England
Time period	Q1 2017/18 – Q3 2019/10
Indicator name	CQC ratings for local mental health, community and combined healthcare providers
Technical definition	Mental health, community healthcare and combined healthcare providers: Most recent overall CQC ratings shown for providers mapped to the selected local authority using data on non-acute delayed transfers of care. Delayed transfers of care (DToCs) are recorded for both NHS-funded acute and non-acute settings. Non-acute care can be consultant or non-consultant-led and can take place in a variety of settings, including an acute hospital. Non-acute care includes: • Care of an expectant or nursing mother • Mental health care • Palliative care • A structured programme of care provided for a limited period to help a person maintain or regain the ability to live at home • Care provided for recuperation or rehabilitation. Only providers accounting for more than 10% of non-acute DToCs within a local authority are shown. The mapping of providers to local authorities using data on non-acute delayed transfers of care is a proxy measure as robust data on community healthcare activity is not available. As such, it is possible that providers serving the area have been missed by this mapping.
Source	CQC data warehouse NHS England: Delayed transfers of care
Time period	Ratings: As at date of profile production, see relevant slide. DToC: April 2018 to March 2019
Indicator name	Main acute NHS non-specialist trusts serving local authority with ratings
Technical definition	Most recent overall CQC ratings are shown for the main acute hospital trusts serving the local authority.

	The main NHS trust(s) is (are) determined by the volume of admissions (all ages) to hospital by local authority of residence. Only providers accounting for more than 10% of admissions of people from the selected local authority are shown. An illustrative map is included showing the areas served by the main trust(s) (both within the selected local authority and the surrounding area). This is based on mapping trust activity from MSOA populations. These trust 'boundaries' are not to be seen as exclusive (people residing in those areas may be admitted to other trusts), instead, this illustration serves only as a guide to which acute NHS trusts people residing in different parts of the local authority are likely to access. The shading of the map does not indicate any value.
Source	CQC data warehouse and HES
Time period	Ratings – As at date of profile production, see relevant slide HES – 2018/19

Indicator name	**Activity – acute hospital pathway** Visualisation representing the performance of the selected local authority compared to the England average across high-level indicators measuring patient flow of older people into and out of acute hospitals. The purple shaded area represents the performance of the selected local authority, while the grey line within the dartboard represents the England average. Where the purple shaded area extends outside of the grey line, the performance of the selected local authority is worse than the England average. More detailed trend performance for each of the measures in this visualisation is shown in subsequent slides. There are nine indicators shown within the dartboard as below:

Technical definition **Source** **Time Period**	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind.		
	1. Rate of attendances at Type 1 A&E units per 100,000 population for area (65+). * Performance for a number of local authority areas is affected by poor quality data submissions from four trusts	Hospital Episode Statistics (HES), ONS 2017 & 2018 local authority mid-year population estimates	October 2018 – September 2019
	2. Rate of emergency admissions per 100,000 population (65+).	HES, ONS 2017 & 2018 local authority mid-	October 2018 – September 2019

			year population estimates
	3. Percentage of emergency admissions that last longer than seven days (65+).	HES	October l 2018 – September 2019
	4. Percentage of emergency admissions that last longer than 21 days (65+)	HES	October 2018 – September 2019
	5. Rate of delayed transfers of care attributable to NHS per 100,000 population (18+)	NHS England	January 2018 to December 2019
	6. Proportion of older people who receive reablement services following hospital discharge (65+).	ASCOF	2018/19
	7. Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (65+).	ASCOF	2018/19
	8. Percentage of emergency readmissions within seven days of discharge (65+)	HES	October 2018 – September 2019
	9. Percentage of emergency readmissions within 30 days of discharge (65+).	HES	October 2018 – September 2019
Indicator name	**Activity – Acute hospital pathway for people in care homes** Visualisation representing the performance of the selected local authority compared to the England average across high-level indicators measuring patient flow of older people living in care homes as they go into and out of acute hospitals. The purple shaded area represents the performance of the selected local authority, while the grey line within the dartboard represents the England average. Where the purple shaded area extends outside of the grey line, the performance of the selected local authority is worse than the England average. More detailed trend performance for each of the measures in this visualisation is shown in subsequent slides. As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the hospital activity from care homes. Age appropriate restriction has been		

	applied to improve data quality by ensuring that only care homes for older people are included in the analysis. There are seven indicators shown within the dartboard as below:		
Technical definition **Source** **Time Period**	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind.		
	1. Rate of attendances at Type 1 A&E units from care homes per 100,000 population (65+). * Performance for a number of local authority areas is affected by poor quality data submissions from four trusts	HES, ONS 2017 & 2018 local authority mid-year population estimates	October 2018 – September 2019
	2. Rate of emergency admissions from care homes per 100,000 population (65+).	HES, ONS 2017 & 2018 local authority mid-year population estimates	October 2018 – September 2019
	3. Percentage of emergency admissions from care homes that last longer than seven days (65+).	HES	October 2018 – September 2019
	4. Percentage of emergency admissions from care homes that last longer than 21 days (65+).	HES	October 2018 – September 2019
	5. Rate of delayed transfers of care attributable to ASC per 100,000 population (18+)	NHS England	January 2018 to December 2019
	6. Percentage of emergency readmissions from care homes within seven days of discharge (65+).	HES	October 2018 – September 2019
	7. Percentage of emergency readmissions from care homes within 30 days of discharge (65+).	HES	October 2018 – September 2019
Indicator name	Rate of attendances at Type 1 A&E units per 100,000 population aged 65+		
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017.		

	Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind. Numerator: Observed count of attendances at Type 1 A&E units of people aged 65+. Denominator: Population aged 65+ (for relevant year). Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Because ONS mid-year population estimates are published a year in arrears, as our analysis moves forwards analysis for new quarters/financial years will use population data for the previous year. Local authorities with low numbers are excluded from analysis. Please note that 2018/19 and 2019/20 data for a number of local authority areas has been affected by poor quality data submissions from the following NHS acute trusts: • South Tees Hospitals NHS Foundation Trust, • Luton and Dunstable University Hospital NHS Foundation Trust, • Torbay and South Devon NHS Foundation Trust • The Pennine Acute Hospitals NHS Trust • East Cheshire NHS Trust • Bolton Hospital NHS Foundation Trust This issue is likely linked to the move to the new Emergency Care Data Set (ECDS). Data for affected periods has been redacted from these profiles. There may also be a small effect on the national average as well as the comparator average for other areas. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES ONS; 2017 local authority mid-year population 2018 local authority mid-year population
Time Period	October 2017 to September 2019
Indicator name	Rate of attendances at Type 1 A&E units from care homes per 100,000 population aged 65+
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts,

	as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind Numerator: Observed count of attendances at Type 1 A&E units of people aged 65+ residing in postcodes that align with a registered care home. Denominator: Population aged 65+ (for relevant year). Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Because ONS mid-year population estimates are published a year in arrears, as our analysis moves forwards analysis for new quarters/financial years will use population data for the previous year. As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the rate of A&E attendance from care homes. Age appropriate restriction has been applied to improve data quality by ensuring that only care homes for older people are included in the analysis. Local authorities with low numbers are excluded from analysis. Please note that 2018/19 and 2019/20 data for a number of local authority areas has been affected by poor quality data submissions from the following NHS acute trusts: • South Tees Hospitals NHS Foundation Trust, • Luton and Dunstable University Hospital NHS Foundation Trust, • Torbay and South Devon NHS Foundation Trust • The Pennine Acute Hospitals NHS Trust • East Cheshire NHS Trust • Bolton Hospital NHS Foundation Trust This issue is likely linked to the move to the new Emergency Care Data Set (ECDS). Data for affected periods has been redacted from these profiles. There may also be a small effect on the national average as well as the comparator average for other areas. The comparator analysis uses the 2018 Nearest Neighbour Model.
Source	HES

	ONS; 2017 local authority mid-year population 2018 local authority mid-year population
Time Period	October 2017 to September 2019

Indicator name	Percentage of A&E attendances admitted, transferred or discharged within four hours
Technical definition	Numerator: Monthly total count of A&E attendances that waited four hours or less from arrival to admission, transfer or discharge. Denominator: Monthly total count of A&E attendances. Analysis is shown for the main NHS acute hospital trusts mapped to the local authority. Data is presented in comparison to the national average performance as well as the target performance for 95% of people to be admitted, transfers or discharged from A&E within four hours. Please note that as of May 2019, fourteen NHS acute trusts have agreed to work with national bodies to test proposed new standards for urgent and emergency care. The 14 trusts are: • Cambridge University Hospitals • Chelsea and Westminster Hospitals • Frimley Health • Imperial College Healthcare • Kettering General Hospital • Luton and Dunstable University Hospital • Mid Yorkshire Hospitals • North Tees and Hartlepool • Nottingham University Hospitals • Plymouth Hospitals • Poole Hospital • Portsmouth Hospitals • Rotherham • West Suffolk While the majority of acute trusts continue to operate to, and report against, the four hour A&E standard, performance against this standard has been omitted from the monthly returns for these 14 test trusts from May 2019. This will impact on the national average. More information can be found here: https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2019/06/Publication-of-May-AE-data.pdf
Source	NHS England
Time Period	April 2016 to January 2020

Indicator name	Acute hospital overnight bed occupancy
Technical definition	Average daily percentage of occupied beds open overnight over a quarter. Data relates to consultant-led beds that are open overnight.
	Numerator: Average daily total of occupied beds open overnight.
	Denominator: Average daily total of available beds open overnight.
	Although optimum occupancy rates for hospital beds may vary according to type of services offered, hospitals with average bed-occupancy levels above 85% are likely to face regular bed shortages, periodic bed crises and increased numbers of health care-acquired infections.
	The trusts shown are the main acute non-specialist trusts serving the local authority, as determined by the volume of admissions to the trust from people residing in the local authority.
Source	NHS England (KH03)
Time Period	April 2016 to December 2019
Indicator name	Rate of emergency admissions per 100,000 population aged 65+
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind
	Numerator: Observed count of emergency admissions of people aged 65+ Denominator: Population aged 65+ (for relevant year).
	Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4).
	Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint.
	Analysis based on non-standardised figures.

	Local authorities with low numbers are excluded from analysis.

Because ONS mid-year population estimates are published a year in arrears, as our analysis moves forwards analysis for new quarters/financial years will use population data for the previous year.

The comparator analysis uses the 2018 Nearest Neighbour Model |
| **Source** | HES

ONS;,
2017 local authority mid-year population
2018 local authority mid-year population |
| **Time Period** | October 2017 to September 2019 |
| **Indicator name** | Rate of emergency admissions from care homes per 100,000 population aged 65+ |
| **Technical definition** | Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind.

Numerator: Observed count of emergency admissions of people aged 65+ residing in postcodes that align with a registered care home.
Denominator: Population aged 65+ (for relevant year).

Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4).

As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the rate of admission from care homes. Age appropriate restriction has been applied to improve data quality by ensuring that only care homes for older people are included in the analysis.

Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. |

	Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. Because ONS mid-year population estimates are published a year in arrears, as our analysis moves forwards analysis for new quarters/financial years will use population data for the previous year. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES ONS; 2017 local authority mid-year population 2018 local authority mid-year population
Time Period	October 2017 to September 2019
Indicator name	NEW INDICATOR: Rate of emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population aged 65+
Technical definition	Numerator: Observed count of emergency admissions of people aged 65+ for chronic ambulatory care sensitive conditions. Denominator: Population aged 65+ (for relevant year). This indicator is based on the NHSOF indicator 2. 3.i - Unplanned hospitalisation for chronic ambulatory care sensitive conditions. It measures how many older people with certain long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure. Emergency admissions are included in the analysis where any of of (a) to (i) are true: a) DIAG_4_01 is equal to either: B18.0, B18.1 AND DIAG_3_CONCAT does not contain: D57 [where DIAG_3_CONCAT is a concatenated field containing the values of all 20 diagnosis fields separated by commas. This condition excludes episodes with a subsequent diagnosis of D57 (Sickle-cell disorders)] b) DIAG_3_01 is equal to J45 OR DIAG_4_01 is equal to J46X c) (DIAG_3_01 is equal to I50 OR DIAG_4_01 is equal to any of: I11.0, J81X, I13.0) AND

(OPERTN_3_CONCAT does not contain any of: K0, K1, K2, K3, K4, K50, K52, K55, K56, K57, K60, K61, K66, K67, K68, K69, K71, K73, K74)
[where OPERTN_3_CONCAT is a concatenated field containing the values of all 24 operation/procedure fields, separated by commas. K73 and K74 are valid for data from 1st of April 2017.]

d) DIAG_3_01 is equal to any of: E10, E11, E12, E13, E14

e) DIAG_3_01 is equal to any of: J41, J43, J44
OR
DIAG_4_01 is equal to either of: J42X, J47X
OR
(DIAG_3_01 is equal to J20 AND DIAG_3_CONCAT contains any of: J41, J42, J43, J44, J47)

f) DIAG_3_01 is equal to either of: I20, I25
AND
OPERTN_3_CONCAT does not contain any of: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X0, X1, X2, X4, X5

g) DIAG_3_01 is equal to either of: D51, D52
OR
DIAG_4_01 is equal to any of: D50.1, D50.8, D50.9

h) DIAG_4_01 is equal to either of: I10X, I11.9
AND
(OPERTN_3_CONCAT does not contain any of: K0, K1, K2, K3, K4, K50, K52, K55, K56, K57, K60, K61, K66, K67, K68, K69, K71, K73, K74)
[where OPERTN_3_CONCAT is a concatenated field containing the values of all 24 operation/procedure fields, separated by commas. K73 and K74 are valid for data from 1st of April 2017.]

i) DIAG_3_01 is equal to any of: I48, G40, G41, F00, F01, F02, F03

Please note, unlike the NHSOF indicator admimeth "2B" is not allowed in this analysis. This analysis is also based around discharged date, not admission date like the NHSOF indicator. This is to ensure consistency with our other HES indicators.

Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4).

	Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. Because ONS mid-year population estimates are published a year in arrears, as our analysis moves forwards analysis for new quarters/financial years will use population data for the previous year. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES ONS; 2017 local authority mid-year population 2018 local authority mid-year population
Time Period	October 2017 to September 2019
Indicator name	NEW INDICATOR Rate of emergency admissions from care homes for chronic ambulatory care sensitive conditions per 100,000 population aged 65+
Technical definition	Numerator: Observed count of emergency admissions of people aged 65+ residing in postcodes that align with a registered care home for chronic ambulatory care sensitive conditions. Denominator: Population aged 65+ (for relevant year). This indicator is based on the NHSOF indicator 2. 3.i -Unplanned hospitalisation for chronic ambulatory care sensitive conditions. It measures how many older people living in care homes with certain long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure. Emergency admissions are included in the analysis where any of (a) to (i) are true: a) DIAG_4_01 is equal to either: B18.0, B18.1 AND DIAG_3_CONCAT does not contain: D57 [where DIAG_3_CONCAT is a concatenated field containing the values of all 20 diagnosis fields separated by commas. This condition excludes episodes with a subsequent diagnosis of D57 (Sickle-cell disorders)] b) DIAG_3_01 is equal to J45 OR

DIAG_4_01 is equal to J46X

c) (DIAG_3_01 is equal to I50
OR
DIAG_4_01 is equal to any of: I11.0, J81X, I13.0)
AND
(OPERTN_3_CONCAT does not contain any of: K0, K1, K2, K3,
K4, K50, K52, K55, K56, K57, K60, K61, K66, K67, K68, K69, K71,
K73, K74)
[where OPERTN_3_CONCAT is a concatenated field containing
the values of all 24 operation/procedure fields, separated by
commas. K73 and K74 are valid for data from 1st of April 2017.]

d) DIAG_3_01 is equal to any of: E10, E11, E12, E13, E14

e) DIAG_3_01 is equal to any of: J41, J43, J44
OR
DIAG_4_01 is equal to either of: J42X, J47X
OR
(DIAG_3_01 is equal to J20 AND DIAG_3_CONCAT contains any
of: J41, J42, J43, J44, J47)

f) DIAG_3_01 is equal to either of: I20, I25
AND
OPERTN_3_CONCAT does not contain any of: A, B, C, D, E, F,
G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X0, X1, X2, X4, X5

g) DIAG_3_01 is equal to either of: D51, D52
OR
DIAG_4_01 is equal to any of: D50.1, D50.8, D50.9

h) DIAG_4_01 is equal to either of: I10X, I11.9
AND
(OPERTN_3_CONCAT does not contain any of: K0, K1, K2, K3,
K4, K50, K52, K55, K56, K57, K60, K61, K66, K67, K68, K69, K71,
K73, K74)
[where OPERTN_3_CONCAT is a concatenated field containing
the values of all 24 operation/procedure fields, separated by
commas. K73 and K74 are valid for data from 1st of April 2017.]

i) DIAG_3_01 is equal to any of: I48, G40, G41, F00, F01, F02,
F03

Please note, unlike the NHSOF indicator admimeth "2B" is not
allowed in this analysis. This analysis is also based around
discharged date, not admission date like the NHSOF indicator.
This is to ensure consistency with our other HES indicators.

Analysis based on complete admission spells (Spelend = Y,
Discharge method 1-4) where the admission episode has been

	identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4). As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the rate of admission from care homes. Age appropriate restriction has been applied to improve data quality by ensuring that only care homes for older people are included in the analysis. Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. Because ONS mid-year population estimates are published a year in arrears, as our analysis moves forwards analysis for new quarters/financial years will use population data for the previous year. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES ONS; 2017 local authority mid-year population 2018 local authority mid-year population
Time Period	October 2017 to September 2019
Indicator name	NEW INDICATOR Rate of emergency admissions for acute conditions that should not usually require hospitalisation per 100,000 population aged 65+
Technical definition	Numerator: Observed count of emergency admissions of people aged 65+ for acute conditions that should not usually require hospital admission. Denominator: Population aged 65+ (for relevant year). This indicator is based on the NHSOF indicator 3a -Emergency admissions for acute conditions that should not usually require hospital admission. It measures how many older people are admitted to hospital as an emergency for acute conditions such as ear/nose/throat infections, kidney/urinary tract infections and angina that could potentially have been avoided if the patient had been better managed in primary care.

Emergency admissions are included in the analysis where any of (a) to (i) are true. Defined as follows:

a) (DIAG_3_01 is equal to any of: A36, A37, B05, B06, B26, J10, J11, J14
OR
DIAG_4_01 is equal to any of: B16.1, B16.9, J13X, J15.3, J15.4, J15.7, J15.9, J16.8, J18.1, J18.8, M01.4)
AND
DIAG_3_CONCAT does not contain: D57
[where DIAG_3_CONCAT is a concatenated field containing the values of all 20 diagnosis fields separated by commas. This condition excludes episodes with a subsequent diagnosis of D57 (Sickle-cell disorders)]

b) DIAG_4_01 is equal to any of: I24.0, I24.8, I24.9
AND
OPERTN_3_CONCAT does not contain: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X0, X1, X2, X4, X5.
[where OPERTN_3_CONCAT is a concatenated field containing the values of all 24 operation/procedure fields, separated by commas].

c) DIAG_3_01 is equal to any of: A04, A08, A09, E86, K52
OR
DIAG_4_01 is equal to any of: A02.0, A05.9, A07.2

d) DIAG_3_01 is equal to any of: N10, N11, N12
OR
DIAG_4_01 is equal to any of: N13.6, N15.9, N30.0, N30.8, N30.9, N39.0

e) DIAG_3_01 is equal to either of: K20, K21
OR
DIAG_4_01 is equal to any of: K25.0, K25.1, K25.2, K25.4, K25.5, K25.6, K26.0, K26.1, K26.2, K26.4, K26.5, K26.6, K27.0, K27.1, K27.2, K27.4, K27.5, K27.6, K28.0, K28.1, K28.2, K28.4, K28.5, K28.6

f) (DIAG_3_01 is equal to any of: L01, L02, L03, L04, L88
OR
DIAG_4_01 is equal to any of: I89.1, L08.0, L08.8, L08.9, L98.0)
AND
(OPERTN_3_CONCAT does not contain: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S1, S2, S3, S41, S42, S43, S44, S45, S48, S49, T, V, W, X0, X1, X2, X4, X5)

g) DIAG_3_01 is equal to any of: H66, H67, J02, J03, J06
OR
DIAG_4_01 is equal to either of: J31.2, J04.0.

	h) DIAG_3_01 is equal to any of: K02, K03, K04, K05, K06, K08, K12, K13 OR DIAG_4_01 is equal to any of: A69.0, K09.8, K09.9 i) DIAG_3_01 is equal to either of: O15, R56 OR DIAG_4_01 is equal to: G25.3. Please note, unlike the NHSOF indicator admimeth "2B" is not allowed in this analysis. This analysis is also based around discharged date, not admission date like the NHSOF indicator. This is to ensure consistency with our other HES indicators. Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4). Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. Because ONS mid-year population estimates are published a year in arrears, as our analysis moves forwards analysis for new quarters/financial years will use population data for the previous year. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES ONS; 2017 local authority mid-year population 2018 local authority mid-year population
Time Period	October 2017 to September 2019
Indicator name	NEW INDICATOR Rate of emergency admissions from care homes for acute conditions that should not usually require hospitalisation per 100,000 population aged 65+
Technical definition	Numerator: Observed count of emergency admissions of people aged 65+ residing in postcodes that align with a registered care

home for acute conditions that should not usually require hospital admission.
Denominator: Population aged 65+ (for relevant year).

This indicator is based on the NHSOF indicator 3a -Emergency admissions for acute conditions that should not usually require hospital admission. It measures how many older people are admitted to hospital as an emergency for acute conditions such as ear/nose/throat infections, kidney/urinary tract infections and angina that could potentially have been avoided if the patient had been better managed in primary care.

Emergency admissions are included in the analysis where any of (a) to (i) are true. Defined as follows:

a) (DIAG_3_01 is equal to any of: A36, A37, B05, B06, B26, J10, J11, J14
OR
DIAG_4_01 is equal to any of: B16.1, B16.9, J13X, J15.3, J15.4, J15.7, J15.9, J16.8, J18.1, J18.8, M01.4)
AND
DIAG_3_CONCAT does not contain: D57
[where DIAG_3_CONCAT is a concatenated field containing the values of all 20 diagnosis fields separated by commas. This condition excludes episodes with a subsequent diagnosis of D57 (Sickle-cell disorders)]

b) DIAG_4_01 is equal to any of: I24.0, I24.8, I24.9
AND
OPERTN_3_CONCAT does not contain: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X0, X1, X2, X4, X5.
[where OPERTN_3_CONCAT is a concatenated field containing the values of all 24 operation/procedure fields, separated by commas].

c) DIAG_3_01 is equal to any of: A04, A08, A09, E86, K52
OR
DIAG_4_01 is equal to any of: A02.0, A05.9, A07.2

d) DIAG_3_01 is equal to any of: N10, N11, N12
OR
DIAG_4_01 is equal to any of: N13.6, N15.9, N30.0, N30.8, N30.9, N39.0

e) DIAG_3_01 is equal to either of: K20, K21
OR
DIAG_4_01 is equal to any of: K25.0, K25.1, K25.2, K25.4, K25.5, K25.6, K26.0, K26.1, K26.2, K26.4, K26.5, K26.6, K27.0, K27.1, K27.2, K27.4, K27.5, K27.6, K28.0, K28.1, K28.2, K28.4, K28.5, K28.6

f) (DIAG_3_01 is equal to any of: L01, L02, L03, L04, L88
OR
DIAG_4_01 is equal to any of: I89.1, L08.0, L08.8, L08.9, L98.0)
AND
(OPERTN_3_CONCAT does not contain: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S1, S2, S3, S41, S42, S43, S44, S45, S48, S49, T, V, W, X0, X1, X2, X4, X5)

g) DIAG_3_01 is equal to any of: H66, H67, J02, J03, J06
OR
DIAG_4_01 is equal to either of: J31.2, J04.0.

h) DIAG_3_01 is equal to any of: K02, K03, K04, K05, K06, K08, K12, K13
OR
DIAG_4_01 is equal to any of: A69.0, K09.8, K09.9

i) DIAG_3_01 is equal to either of: O15, R56
OR
DIAG_4_01 is equal to: G25.3.

Please note, unlike the NHSOF indicator admimeth "2B" is not allowed in this analysis. This analysis is also based around discharged date, not admission date like the NHSOF indicator. This is to ensure consistency with our other HES indicators.

Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4).

As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the rate of admission from care homes. Age appropriate restriction has been applied to improve data quality by ensuring that only care homes for older people are included in the analysis

Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint.

Analysis based on non-standardised figures.

Local authorities with low numbers are excluded from analysis.

	Because ONS mid-year population estimates are published a year in arrears, as our analysis moves forwards analysis for new quarters/financial years will use population data for the previous year. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES ONS; 2017 local authority mid-year population 2018 local authority mid-year population
Time Period	October 2017 to September 2019
Indicator name	Percentage of emergency admissions of people aged 65+ that last longer than seven days
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind. Numerator: Observed count of emergency admissions of people aged 65+ with a length of stay over seven days ('stranded patients') Denominator: Observed count of emergency admissions of people aged 65+ Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4). Length of stay is calculated as the whole number of days between the admission date and discharge date. Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES
Time Period	October 2017 to September 2019

Indicator name	Percentage of emergency admissions of people aged 65+ that last longer than 21 days
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind. Numerator: Observed count of emergency admissions of people aged 65+ with a length of stay over 21 days ('super stranded patients') Denominator: Observed count of emergency admissions of people aged 65+ Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4). Length of stay is calculated as the whole number of days between the admission date and discharge date. Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES
Time Period	October 2017 to September 2019
Indicator name	Percentage of admissions from care homes for people aged 65+ that last longer than 7 days
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind. Numerator: Observed count of emergency admissions of people aged 65+ residing in postcodes that align with a registered care home with a length of stay over 7 days ('stranded patients').

	Denominator: Observed count of emergency admissions of people aged 65+ residing in postcodes that align with a registered care home.

Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4).

Length of stay is calculated as the whole number of days between the admission date and discharge date.

As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the rate of admission from care homes. Age appropriate restriction has been applied to improve data quality by ensuring that only care homes for older people are included in the analysis.

Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint.

Analysis based on non-standardised figures.

Local authorities with low numbers are excluded from analysis.

The comparator analysis uses the 2018 Nearest Neighbour Model |
Source	HES
Time Period	October 2017 – September 2019
Indicator name	Percentage of admissions from care homes for people aged 65+ that last longer than 21 days
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind.

Numerator: Observed count of emergency admissions of people aged 65+ residing in postcodes that align with a registered care home with a length of stay over 21 days ('super stranded patients').
Denominator: Observed count of emergency admissions of people aged 65+ residing in postcodes that align with a registered care home. |

	Analysis based on complete admission spells (Spelend = Y, Discharge method 1-4) where the admission episode has been identified (epiorder_start = 1) and it is an ordinary admission (epitype = 1) Emergency admissions that are transfers have been excluded (either admimeth "2B" OR admimeth "28" with an admisorc of "51","52" or "53"), as have regular attenders (classpat 3 and 4). Length of stay is calculated as the whole number of days between the admission date and discharge date. As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the rate of admission from care homes. Age appropriate restriction has been applied to improve data quality by ensuring that only care homes for older people are included in the analysis. Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES
Time Period	October 2017 – September 2019
Indicator name	Rate of delayed transfers of care per 100,000 population aged 18+
Technical definition	Numerator: Average daily number of delayed days each month Denominator: Population aged 18+ Guidance on Delayed Transfers of Care is available here: https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2018/11/Monthly-Delayed-Transfers-of-Care-Situation-Report-Principles-Definitions-and-Guidance.pdf At April 2019 the comparator analysis switches from using the 2014 Nearest Neighbour Model to using the 2018 Nearest Neighbour Model.
Source	NHS England ONS 2015, 2016 and 2017 Mid year population estimates
Time Period	April 2016 – December 2019

Indicator name	Number of delayed transfers of care by main trusts
Technical definition	Annual snapshot of the number of delayed transfers of care (Total delayed days) within the selected local authority, broken down by the trusts that those delays are came from. Trusts are included in the analysis if they accounted for 15% or more of delayed transfers in any financial year. As well as acute trusts, this slide may include delayed transfers from mental health or community healthcare providers. Please note the main trusts contributing to delayed transfers of care in an area may not be the main providers in terms of volume of activity.
Source	NHS England
Time Period	April 2015 – December 2019
Indicator name	Rate of delayed transfers of care attributable to NHS/Social Care/Both per 100,000 population aged 18+
Technical definition	Numerator: Average number of monthly delayed days attributable to NHS/Social Care/Both per day Denominator: Population aged 18+ The comparator analysis uses the 2018 Nearest Neighbour Model
Source	NHS England
Time Period	January 2019 to December 2019
Indicator name	Rate of delayed transfers of care, broken down by reason for delay, per 100,000 population aged18 +
Technical definition	Numerator: Average number of monthly delayed days per day, by reason for delay. Denominator: Denominator: Population aged 18+ Reasons for delay include: • Awaiting completion of assessment • Awaiting public funding • Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc) • Awaiting residential home placement or availability • Awaiting nursing home placement or availability • Awaiting care package in own home • Awaiting community equipment and adaptations • Patient or Family choice • Disputes • Housing – patients not covered by Care Act

	In order to make the chart in our profile clearer, the following reasons have been grouped: • Awaiting residential home placement or availability and awaiting nursing home placement or availability, • Awaiting care package in own home and awaiting community equipment and adaptations • Awaiting public funding, Patient or Family choice, Disputes and Housing have been grouped as "Other". The comparator analysis uses the 2018 Nearest Neighbour Model
Source	NHS England
Time Period	January 2019 to December 2019
Indicator name	Proportion of older people (65+) who receive reablement services following hospital discharge & Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
Technical definition	1. Proportion of older people who receive reablement: Numerator: Number of older people (aged 65+) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) Denominator: Number of older people (aged 65+) discharged from hospitals in England 2. Proportion of those older people who received reablement who were still at home 91 days after discharge from hospital: Numerator: Number of older people (aged 65+) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. Denominator: Number of older people (aged 65+) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting)

	The chart on this slide combines these two measures to show not only the proportion of older people discharged from hospital that received reablement (lighter shaded bars - ASCOF 2B(2)) but also the proportion of older people discharged from hospital who received reablement and were still at home 91 days after discharge (bold shaded bars). [Numerator: Number of older people (aged 65+) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. Denominator: Number of older people (aged 65+) discharged from hospitals in England] There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. However, the volume of older people discharged from hospital who receive reablement is often very low. By combining the two ASCOF measures the chart aims to provide a more nuanced picture of the true volume of older people benefitting from successful reablement (as measured by those who are still at home 91 days following discharge).
Source	1. ASCOF measure 2B(2) 2. ASCOF measure 2B(1)
Time Period	2016/17 - 2018/19
Indicator name	Percentage of emergency readmissions within 7 days of discharge for people aged 65+
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind. Numerator: Observed count of emergency readmissions within 7 days of discharge of people aged 65+ Denominator: Observed count of discharges of people aged 65+ Only counts patients discharged alive (dismeth <> 4). A hospital spell is classed as being followed by an emergency readmission if the readmission found fits the following rules: 1. Chronologically, it is the next spell after the index admission (although we will exclude regular attendance spells).

	2. It is an emergency admission (valid admimeth starting with "2" but excluding "2B")
	3. The interval between the discharge date of the index spell's discharge date and the readmission's admission date is 0-6 days (inclusive)
	4. The readmission is not a transfer [transfers include spells that end with either the discharge destination indicating a transfer (disdest 49,50,51, 52, 53 or 87), or the candidate readmission spell having an admimeth value of 81 or 2B, or the candidate readmission spell starting date being the same or one day after the original discharge date and having a transfer admission source (admisorc 49,50,51, 52, 53 or 87)].
	Note that an admission counted in the denominator in this indicator may itself qualify as the emergency readmission for an earlier admission.
	When searching for candidate readmissions, we only look at the next spell chronologically. A spell will not count as being followed by an emergency readmission if, for instance, there is an emergency admission within 0-29 days of discharge but there is a non-emergency admission between the denominator spell's discharge date and the emergency spell's admission date.
	While this analysis restricts the primary admission to acute trusts only, emergency readmissions may be to any trust type.
	Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint.
	Analysis based on non-standardised figures.
	Local authorities with low numbers are excluded from analysis.
	The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES
Time Period	October 2017 – September 2019
Indicator name	Percentage of emergency readmissions within 30 days of discharge for people aged 65+
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind. Numerator: Observed count of emergency readmissions within 30 days of discharge of people aged 65+

	Denominator: Observed count of discharges of people aged 65+
	Only counts patients discharged alive (dismeth <> 4).
	A hospital spell is classed as being followed by an emergency readmission if the readmission found fits the following rules:
	5. Chronologically, it is the next spell after the index admission (although we will exclude regular attendance spells).
	6. It is an emergency admission (valid admimeth starting with "2" but excluding "2B")
	7. The interval between the discharge date of the index spell's discharge date and the readmission's admission date is 0-29 days (inclusive)
	8. The readmission is not a transfer [transfers include spells that end with either the discharge destination indicating a transfer (disdest 49,50,51, 52, 53 or 87), or the candidate readmission spell having an admimeth value of 81 or 2B, or the candidate readmission spell starting date being the same or one day after the original discharge date and having a transfer admission source (admisorc 49,50,51, 52, 53 or 87)].
	Note that an admission counted in the denominator in this indicator may itself qualify as the emergency readmission for an earlier admission.
	When searching for candidate readmissions, we only look at the next spell chronologically. A spell will not count as being followed by an emergency readmission if, for instance, there is an emergency admission within 0-29 days of discharge but there is a non-emergency admission between the denominator spell's discharge date and the emergency spell's admission date.
	While this analysis restricts the primary admission to acute trusts only, emergency readmissions may be to any trust type.
	Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint.
	Analysis based on non-standardised figures.
	Local authorities with low numbers are excluded from analysis.
	The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES
Time Period	October 2017 – September 2019
Indicator name	Percentage of emergency readmissions within 7 days of discharge for people aged 65+ living in care homes

Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind. Numerator: Observed count of emergency readmissions within 7 days of discharge of people aged 65+ who live in care homes Denominator: Observed count of discharges of people aged 65+ who live in care homes Only counts patients discharged alive (dismeth <> 4). A hospital spell is classed as being followed by an emergency readmission if the readmission found fits the following rules: 1. Chronologically, it is the next spell after the index admission (although we will exclude regular attendance spells). 2. It is an emergency admission (valid admimeth starting with "2" but excluding "2B") 3. The interval between the discharge date of the index spell's discharge date and the readmission's admission date is 0-6 days (inclusive) 4. The readmission is not a transfer [transfers include spells that end with either the discharge destination indicating a transfer (disdest 49,50,51, 52, 53 or 87), or the candidate readmission spell having an admimeth value of 81 or 2B, or the candidate readmission spell starting date being the same or one day after the original discharge date and having a transfer admission source (admisorc 49,50,51, 52, 53 or 87)]. Note that an admission counted in the denominator in this indicator may itself qualify as the emergency readmission for an earlier admission. When searching for candidate readmissions, we only look at the next spell chronologically. A spell will not count as being followed by an emergency readmission if, for instance, there is an emergency admission within 0-29 days of discharge but there is a non-emergency admission between the denominator spell's discharge date and the emergency spell's admission date. While this analysis restricts the primary admission to acute trusts only, emergency readmissions may be to any trust type. As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the rate of admission from care homes. Age appropriate restriction has been

	applied to improve data quality by ensuring that only care homes for older people are included in the analysis. Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES
Time Period	October 2017 – September 2019
Indicator name	Percentage of emergency readmissions within 30 days of discharge for people aged 65+ living in care homes
Technical definition	Please note we have amended an issue with our analysis that meant indicators were not restricted to activity at acute NHS trusts, as expected. Previous trend analysis has been removed and replaced with amended analysis dating back to October 2017. Previous published iterations of the profile have not been amended and should be viewed with this caveat in mind. Numerator: Observed count of emergency readmissions within 30 days of discharge of people aged 65+ who live in care homes Denominator: Observed count of discharges of people aged 65+ who live in care homes Only counts patients discharged alive (dismeth <> 4). A hospital spell is classed as being followed by an emergency readmission if the readmission found fits the following rules: 5. Chronologically, it is the next spell after the index admission (although we will exclude regular attendance spells). 6. It is an emergency admission (valid admimeth starting with "2" but excluding "2B") 7. The interval between the discharge date of the index spell's discharge date and the readmission's admission date is 0-29 days (inclusive) 8. The readmission is not a transfer [transfers include spells that end with either the discharge destination indicating a transfer (disdest 49,50,51, 52, 53 or 87), or the candidate readmission spell having an admimeth value of 81 or 2B, or the candidate readmission spell starting date being the same or one day after the original discharge date and having a transfer admission source (admisorc 49,50,51, 52, 53 or 87)].

	Note that an admission counted in the denominator in this indicator may itself qualify as the emergency readmission for an earlier admission. When searching for candidate readmissions, we only look at the next spell chronologically. A spell will not count as being followed by an emergency readmission if, for instance, there is an emergency admission within 0-29 days of discharge but there is a non-emergency admission between the denominator spell's discharge date and the emergency spell's admission date. While this analysis restricts the primary admission to acute trusts only, emergency readmissions may be to any trust type. As analysis is based on postcodes containing a registered care home it may include data pertaining to other addresses within the same postcode, and as such it could overestimate the rate of admission from care homes. Age appropriate restriction has been applied to improve data quality by ensuring that only care homes for older people are included in the analysis. Analysis is based on the level of local authority of residence and is not restricted to acute hospitals within the selected local authority footprint. Analysis based on non-standardised figures. Local authorities with low numbers are excluded from analysis. The comparator analysis uses the 2018 Nearest Neighbour Model
Source	HES
Time Period	October 2017 – September 2019
Indicator name	Progress against High Impact Change Model
Technical definition	Quarterly self-assessment by Health and Wellbeing Boards (HWBs) of performance and plans for implementation of the High Impact Model for Managing Transfer of Care. Stages of implementation range from: • Not yet established • Plans in place • Established • Mature • Exemplary Guidance on the self-assessment tool can be found here: https://www.local.gov.uk/sites/default/files/documents/25.1%20High%20Impact%20Change%20model%20CHIP_05_1.pdf

	Implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care is one of the four national conditions Health and Wellbeing Boards have to meet through their Better Care Fund plans. Narrative plans should set out how local partners will work together to fund and implement this and the schemes and services commissioned will be assured through the planning template. Areas should agree a joint approach to funding, implementing and monitoring the impact of these changes, ensuring that all partners are involved.
Source	NHS England
Time Period	2018/19 – performance up to Q4