

Adult Social Care Scrutiny Commission

Better Care Fund Outturn Report 2017/18

Date: 19th June 2018

Lead Director: Ruth Lake



Useful information

- Ward(s) affected: All
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- Report version: 1

1. Summary

- 1.1 This update report notes the outturn of the Better Care Fund (BCF) activity and performance for 2017/18.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and make any comments.

3. Report

- 3.1 The BCF programme is in its third formal year of delivery. The programme aims to achieve reductions in unplanned admissions to hospital, reduced admissions to long term care and reduced delayed transfers of care (DTC)
- 3.2 The detail of the 17/19 (2 year) plan was presented to scrutiny in September 2017 and is attached for reference at appendix 1 (plan) and appendix 2 (financial investments schedule).
- 3.3 This report provides a summary of the plans delivered in 17/18.

3.4 Performance against BCF national metrics

Overall, performance is positive in the context of a significantly challenged health and care system; mitigating the impact of rising demand in some areas is a success even where our own ambitious targets may not have been met.

3.4.1 Emergency admissions

Within Leicester City the position on emergency admissions for 2017/18 was generally positive. At the main acute provider (UHL), there have been a number of coding, service and pathway changes associated with the new ED floor (which opened on 26/4/18), which hinder exact assessment of year on year changes for A&E, emergency admissions and ambulatory services. However, when adjusting emergency admission activity to account for the major coding change affecting comparisons (relating to the Children's Assessment Unit - CAU), the data shows a modest reduction in emergency admissions overall for Leicester City. As the City shares an acute NHS provider with East Leicestershire & Rutland and West Leicestershire, their data is included for comparison, and the national growth rates are also shown.

Year end 17/18	16/17 actual	17/18 actual	17/18 CAU actual	17/18 actual (Net of CAU)	17/18 Year on Year increase (Net of CAU)	17/18 Year on Year % change (Net of CAU)
Leicester City CCG	34,697	37,373	2,691	34,682	-15	-0.0%
East Leicestershire and Rutland CCG	22,784	24,684	1,416	23,268	+484	+2.1%
West Leicestershire CCG	23,736	26,355	1,548	24,807	+1071	+4.5%
LLR CCGs	81,217	88,412	5,655	82,757	+1540	+1.9%
National average						+2.3%

(Data source: SUS Data, M&LCSU Report 4714, Month 12 2017/18 Emergency Attends_Admissions_Report)

Whilst it is not possible to pinpoint the specific interventions that may be supporting reductions in emergency admissions, it is felt that the whole system approach supported through the City BCF is making a real impact on containing growth in emergency admissions compared to other areas locally. Taking the cohort of patients over 65 years (on whom much of the focus of BCF interventions is targeted), there was an increase in emergency admissions; however this was markedly below that of the other local areas:

Year end 17/18	Year on Year change in emergency admissions
Leicester City CCG	+4.9% (641 cases)
East Leicestershire and Rutland CCG	+7.1% (1,084 cases)
West Leicestershire CCG	+9.5% (1,487 cases)

(Data source: SUS Data, M&LCSU Report 4714, Month 12 2017/18 Emergency Attends_Admissions_Report)

In the context of increasing demand, higher patient acuity and a challenging winter, this should be seen as a significant achievement.

3.4.2 Delayed Transfer of Care (DTOC)

New targets were set nationally for DTOC; these were challenging for the whole system. For 2017/18 Leicester City managed to meet this national target during 2017 and maintained this performance to the year end. For delays attributable to Leicester City Council, performance has been particularly strong with the council consistently being in the top 5 authorities nationally. As funding to the council via the Improved BCF (iBCF) was contingent on meeting DTOC targets, good performance here as mitigated the financial risk to the council.

The table below demonstrates progress towards the national target



Number of Delayed Days during the period - April 2017 to March 2018

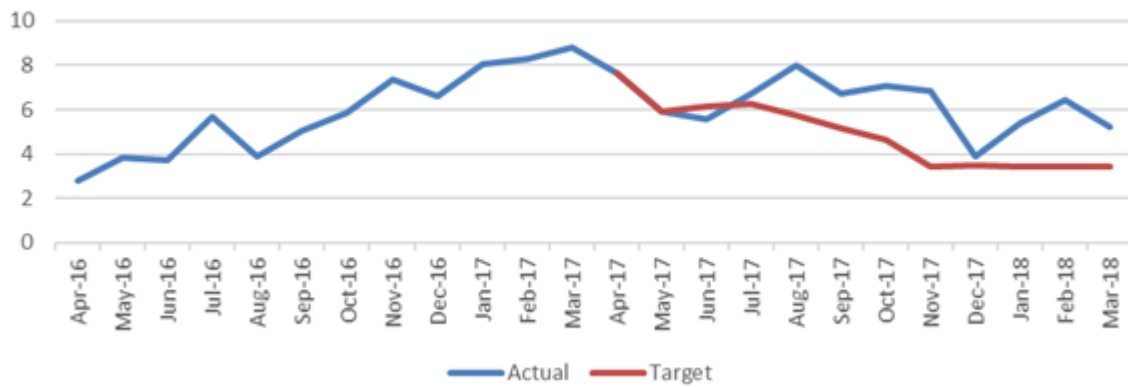
	Delayed Days													Avg Total per day delays	Avg Total per day per 100,000 pop	Total Target/Trajectories
	NHS	Avg NHS per day delays	Avg NHS per day per 100,000 pop	NHS Target/Trajectories	Social Care	Avg SC per day delays	Avg SC per day per 100,000 pop	ASC Target/Trajectories	Both	Avg Both per day delays	Avg Both per day per 100,000 pop	Both Target/Trajectories	Total			
Apr-17	614	20.5	7.68	7.68	72	2.4	0.90	0.90	92	3.1	1.15	1.15	778	25.9	9.73	9.73
May-17	489	15.8	5.92	5.92	79	2.5	0.96	0.96	98	3.2	1.19	1.19	666	21.5	8.06	8.06
Jun-17	445	14.8	5.57	6.12	114	3.8	1.43	0.99	142	4.7	1.78	1.23	701	23.4	8.77	8.33
Jul-17	557	18.0	6.74	6.28	166	5.4	2.01	0.97	192	6.2	2.32	2.96	915	29.5	11.08	10.21
Aug-17	661	21.3	8.00	5.73	122	3.9	1.48	0.95	312	10.1	3.78	2.96	1,095	35.3	13.26	9.64
Sep-17	538	17.9	6.73	5.18	31	1.0	0.39	0.93	260	8.7	3.25	2.96	829	27.6	10.37	9.07
Oct-17	584	18.8	7.07	4.63	4	0.1	0.05	0.91	369	11.9	4.47	2.96	957	30.9	11.59	8.50
Nov-17	546	18.2	6.83	3.43	3	0.1	0.04	0.88	146	4.9	1.83	2.96	695	23.2	8.70	7.28
Dec-17	322	10.4	3.90	3.48	0	0.0	0.00	0.88	103	3.3	1.25	2.96	425	13.7	5.15	7.3
Jan-18	448	14.5	5.42	3.45	1	0.03	0.01	0.88	51	1.6	0.62	2.94	500	16.1	6.05	7.3
Feb-18	482	17.2	6.46	3.45	0	0.00	0.00	0.88	28	1.0	0.38	2.94	510	18.2	6.84	7.3
Mar-18	430	13.9	5.21	3.45	1	0.03	0.01	0.88	43	1.4	0.52	2.94	474	15.3	5.74	7.3

The graphs below show the performance as a system over the year and by attributable delays (NHS, Social Care, Joint)

Leicester City - Total Days Delayed per 100,000 pop against BCF Target

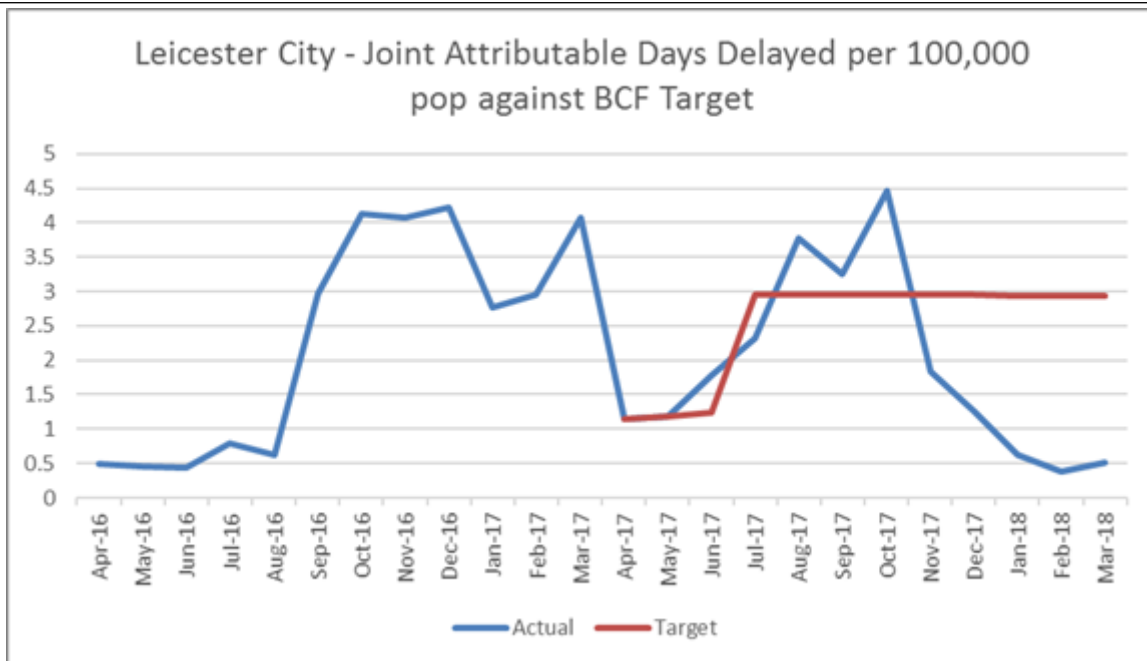


Leicester City - NHS Days Delayed per 100,000 pop against BCF Target



Leicester City - Social Care Days Delayed per 100,000 pop against BCF Target





The reasons for any delays are scrutinised regularly and are predominantly due to:

- Awaiting assessment (NHS)
- Awaiting further non-acute NHS care
- Awaiting nursing home availability (NHS)
- Patient choice

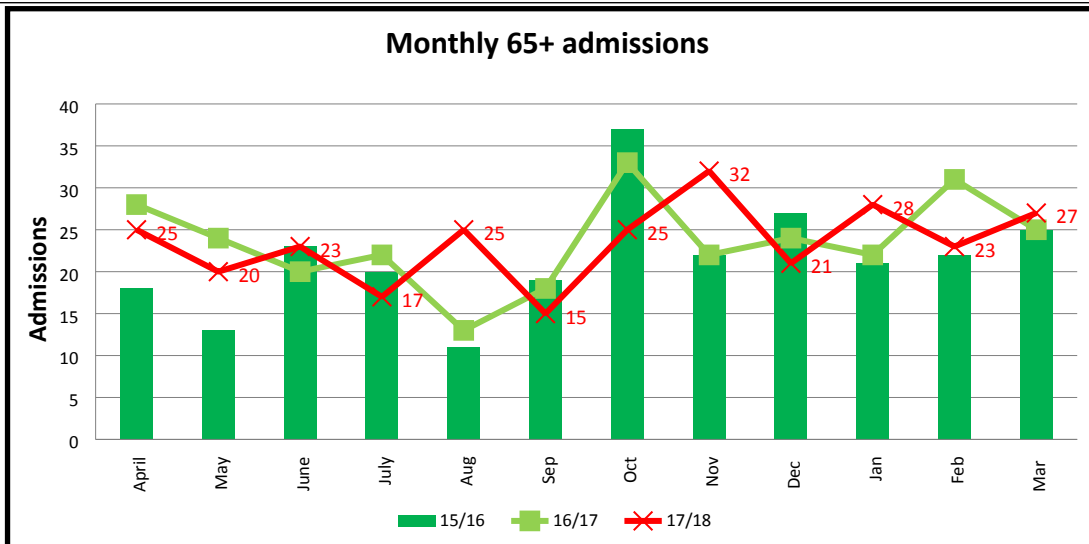
A Discharge Working Group oversees activity to address these issues. Joint delays have improved as a result of work within mental health and learning disability settings. A new Discharge to Assess offer is now in place, to mitigate NHS delays.

Whilst the acute care system is challenged, it is recognised by NHS England that DTOC are not a contributing factor.

3.4.3 65+ Permanent Admissions in residential / nursing homes

This has been an area where the local target in the BCF plan was not achieved. However in the context of an ageing and increasingly frail population, the outturn is not a significant cause for concern.

For the period 1/4/17 to 31/3/18 there have been 281 permanent admissions for those aged 65 and over into residential or nursing homes. The BCF year-end target for 17/18 was no more than 266 admissions in the year.



This is not a position that ASC is unduly concerned about at this point but we will keep a close eye on this. We have had year on year decreases until recently and it may be that activity is plateauing, with annual bumps up or down. Monthly audits are completed which include those cases where people have been newly admitted to residential or nursing care. These audits have not highlighted any cases where it was felt that the outcome should have been different (i.e. where a service other than residential care could have been suitable). This gives assurance that staff are looking at all options before agreeing that a placement is necessary.

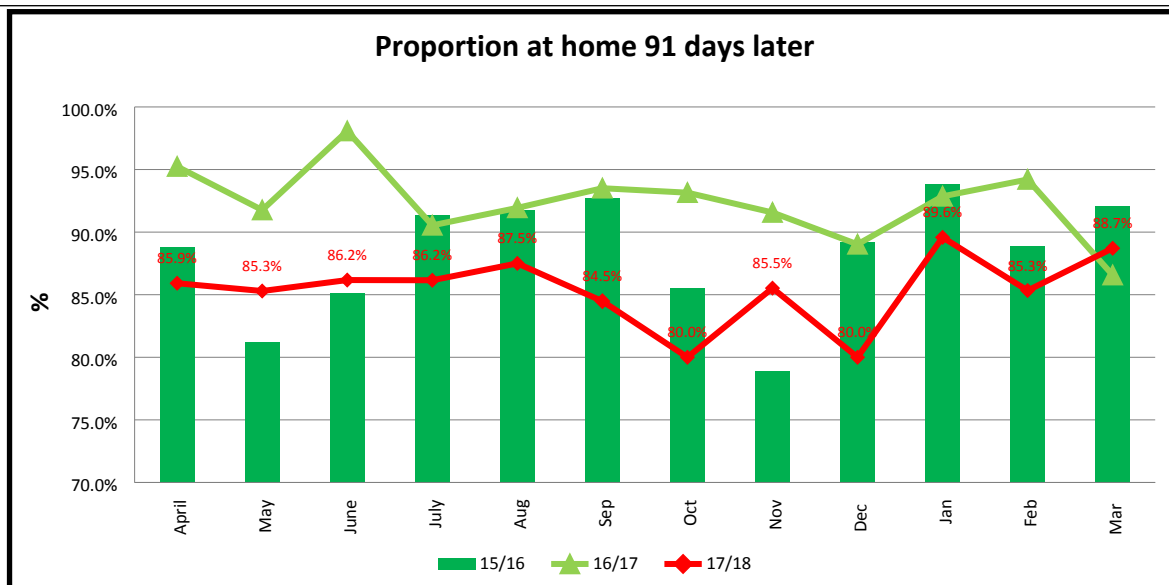
Further, as a proportion of all services provided, residential and nursing care makes up a smaller proportion in Leicester than in other East Midlands councils (i.e. a higher proportion of people are supported in their own homes than in other areas). This also gives assurance that our focus is on supporting people at home wherever possible.

3.4.4 Proportion of those aged 65+ at home 91 days later following hospital discharge

This target was not achieved. In the period 1/4/17 to 31/3/18 follow-ups, out of 814 people aged 65+, who entered rehab following hospital discharge, 695 (85.4%) are at home 91 days later.

The year-end national target for 17/18 is 90% and is based on Oct – Dec 17 discharges only, with follow-ups in Jan- Mar 18. Performance for Jan-Mar 18 follow-ups was 87.6% (185 went into rehab with 162 being at home).

Over the whole year the 119 (14.6%) not at home are: 91 (11.2%) deceased, 28 (3.4%) in residential care homes. This is a similar position in terms of reasons for not being at home as last year.



Reablement is an accessible and responsive service for hospital discharge and an attractive route for health colleagues to request on this basis. We have identified that a number of people could have been better recognised as being on an end of life pathway and should have been supported using domiciliary care rather than a reablement service.

Work is in progress with colleagues in hospital teams to ensure that people who are needing end of life support are identified (as best they can be) and the reablement services is exercising tighter control over accepting patients where they may be end of life. It should be noted that this will impact on the Adult Social Care Outcomes Framework indicator that measures the percentage of people who access reablement upon hospital discharge; this is not a BCF indicator and it is a measure where we perform comparatively well, so can be monitored without undue concern.

However the client group for reablement is predominantly over 85's with multiple health conditions so performance should be seen in that context. National evidence identifies that 49% of people over 85 who are admitted to hospital will die within the following year (Emergency Care Improvement Programme). ASCOF part 2 impact.

3.4.5 Performance against the second year of the current BCF plan (18/19) can be brought forward later in 2018.

3.5 iBCF

3.5.1 The iBCF element was funding provided directly to council's to:

- Support adult social care
- Support the NHS
- Support the care market

3.5.2 During 2017/18 funding was utilised in line with the grant conditions and the end of year report for the iBCF is attached at appendix 3.

4. Financial, legal and other implications

4.1 Financial implications

The allocations in 2017/18 were £24,287k for the BCF (of which £17,000k is spent by the Council) and £8,954k (Council only) for the iBCF. Appendix two shows the split of the BCF schemes between Adult Social Care, the City Clinical Commissioning Group (CCG) and Leicestershire Partnership Trust (LPT) for 2017/18. All of the ASC schemes were fully spent in line with the budget and there were some small underspends in the CCG schemes which will be carried forward into next year.

The iBCF has been spent supporting the three areas highlighted in para 3.5.1 above in the proportions shown in Appendix 3. The iBCF for 2018/19 increases to £12.3m and will be used for the same purposes.

Martin Judson, Head of Finance

4.2 Legal implications

There are no direct implications arising from this report

Pretty Patel, Head of Law ext 1457

4.3 Climate Change and Carbon Reduction implications

There are no climate change implications resulting from this report

4.4 Equalities Implications

The Better Care Fund update covers the protected characteristics of age, disability and gender, as defined by the Equality Act 2010.

Issues arising from any of the protected characteristics will need to be monitored and addressed as part of the ongoing work underway on the BCF and any proposals for the 2017/19 plans.

Sukhi Biring, Corporate Equalities Officer, ext 4175

4.5 Other Implications

None noted

5. Background information and other papers:

N/A

6. Summary of appendices:

Appendix 1: Leicester City Better Care Fund 2017/19

Appendix 2: Finance schedule 2017/19

Appendix 3: Q4 (end of year) iBCF report

Appendix 2 Finance schedule BCF schemes for 2016/17 and 2017/18

Scheme/Investment Title	2016/17 Allocation £'000	2017/18 Allocation £'000
<u>CCG Lead Provider:</u>		
MH Housing Team	40.4	41.2
Performance Fund	1,926.5	1,961.0
Risk stratification	64.0	65.1
IT system integration	4.0	4.0
Clinical Response Team / Urgent care	1,380.0	1,365.0
Services for Complex Patients	1,000.3	1,018.2
Sub-Total (CCG)	4,415.3	4,454.5
<u>LA Lead Provider:</u>		
Strengthening ICRS - LA	835.0	985.0
Existing ASC Transfer	5,902.0	5,902.0
Carers Funding	650.0	650.0
2016/17 ASC Increased Transfer	5,650.0	5,650.0
Lifestyle Hub	100.0	100.0
Assistive technologies	213.3	259.1
Services for Complex Patients - Care Navigators	220.0	223.9
Reablement funds - LA	825.0	825.0
HTT (Health Transfer Team)	-	326.6
MH Discharge Team	42.5	43.2
Sub-Total (LA)	14,437.8	14,964.9
<u>LPT Lead Provider:</u>		
Reablement - LPT	1,137.4	1,137.4
Enhanced night nursing - LPT	91.0	92.6
Intensive Community Support Beds - LPT	883.6	889.1
LPT - Unscheduled Care Team	469.2	477.6
MH Planned Care Team	232.0	236.2
Sub-Total (LPT)	2,813.2	2,832.9
Uncommitted	194.8	-
TOTAL REVENUE	21,861.0	22,252.3
DFG (Housing)	1,001.0	1,182.3
ASC Capital Grant	853.0	853.0
TOTAL REVENUE & CAPITAL	23,715.0	24,287.6