

Leicester
City Council

Report to Scrutiny Commission

Adult Social Care

Date of Commission meeting: 5th March 2015

BETTER CARE FUND: UPDATE REPORT

Report of the Director of Adult Social Care and
Safeguarding

Useful Information:

- Ward(s) affected: All
- Report author: Ruth Lake, ASC and Safeguarding, LCC
Rachna Vyas, Head of Strategy and Planning,
Leicester City CCG
- Author contact details 454 5551
- Date of Exec meeting N/A

1. Purpose of report:

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on the progress of the Leicester City Better Care Fund (BCF), highlighting those schemes that relate directly to Adult Social Care (ASC).
- 1.2 The detail of the Better Care Fund has previously been presented to the commission and this is an update report.

2. Key issues or points to note

- 2.1 The Leicester City Better Care Fund interventions continue to enable 'flow' across the system, particularly during times of surge. This is helping to stop people being unnecessarily brought in to the acute care system or becoming stuck within it after they are well enough to go home.
- 2.2 Performance against the nationally prescribed indicators is positive for all indicators except the emergency admission indicator, which is currently showing 15.6% over the 13/14 baseline.
- 2.3 The BCF work in Leicester has attracted positive interest from ministers who have been looking at early success stories. As a result two ASC staff members have been invited to present the development of the Integrated Crisis Response Service at a national event on 24th March 2015, which will be attended by frontline staff involved in BCF work, but also ministers, DH and DCLG officials.
- 2.4 All BCF funded services are being evaluated currently. A multi-agency workshop was held on 28th January 2015, to assess the investments planned in the 15/16 funding stream. The prioritised schemes were presented to the Joint Integrated Commissioning Board in February and will be considered at the Health and Wellbeing Board in March 2015, for approval of the next year's programme.
- 2.5 The BCF programme is primarily scrutinised by the Health and Wellbeing Board, this being a requirement of the board as set out in the BCF national guidance. The Joint Integrated Commissioning Board oversees progress and issues on a monthly basis. The impact of the schemes on the acute care system, and those schemes which are delivering new health services, will be of interest to the Health Scrutiny Commission. Presently the BCF is supporting existing ASC services in order to extend their availability and maximise their benefit to people at risk of emergency admissions, rather than delivering new services.

3. Recommendations

The Adult Social Care Scrutiny Commission is recommended to note the progress made and the positive impacts being achieved.

4. Summary of Interventions

The table below summarises the key progress made in each scheme. Those which relate to ASC activity are highlighted.

Scheme	Scheme status
Priority 1: Prevention, early detection and improvement of health-related quality of life	
BCF1 Risk stratification	LIVE <ul style="list-style-type: none"> ▪ All practices now have access to both their 2% and 2.1-10% cohorts of patients. ▪ Further development of Risk Stratification for use in commissioning is being explored, including population segmentation, profiling and disease burdens at General Practice level.
BCF 2 Lifestyle Hub	LIVE <ul style="list-style-type: none"> ▪ The CCG is working with the local authority to ensure targeted coverage for phase 1 of this project. ▪ Potential to include the 'First Contact' scheme as part of the hub, ensuring a holistic approach to provision of services.
BCF 3 General Practice scheme (2.1-10%)	LIVE <ul style="list-style-type: none"> ▪ Using the 2.1-10% risk band cohort of patients, GP's across the city are in the process of completing care plans for this population. ▪ Since mid-August 2014, 6310 care plans have been completed as at 19th Jan 2015.
Priority 2: Reducing the time spent in hospital avoidably	
BCF 4 Clinical Response Team	LIVE <ul style="list-style-type: none"> ▪ Activity has steadily increased through the winter period, with calls having to be deferred in some cases due to over-activity. ▪ Additional practitioners made live from Jan 5th 2015 to cope with increased demand. ▪ System-wide communications have been sent out to all practices and partner agencies. ▪ There have been zero complaints / clinical incidents for the service to date ▪ A service evaluation has commenced to enable further development of the service for 2015/16.

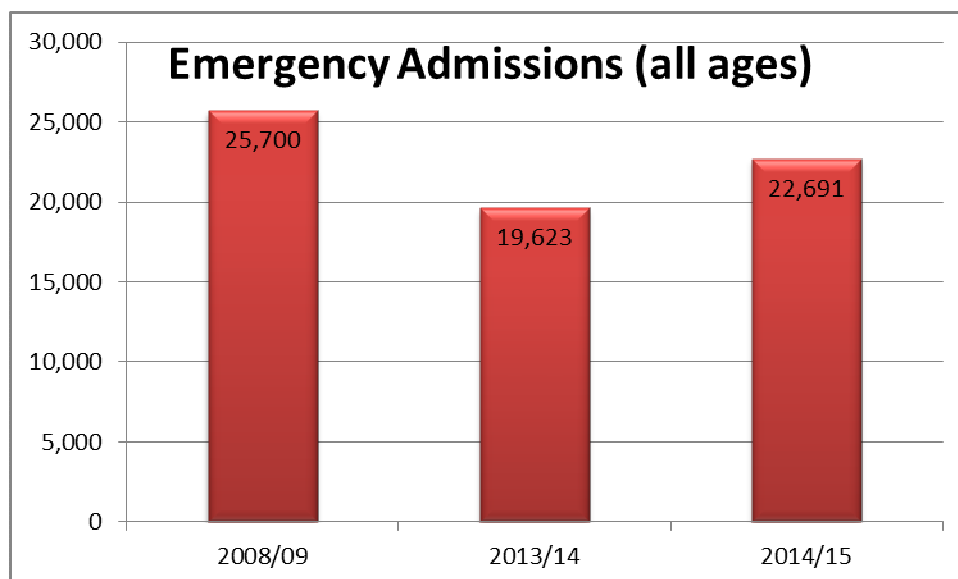
<p>BCF 5</p> <p>Unscheduled Care Team</p>	<p>LIVE</p> <ul style="list-style-type: none"> ▪ The Unscheduled Care Team has been instrumental in preventing admissions to the acute site, working in partnership with the Primary Care Coordinator and geriatrician team in UHL Emergency Department (ED). ▪ The Integrated Crisis Response Service (ICRS) has extended its remit to work within the pre-admission areas and by using a Multi-disciplinary Team format, this has resulted in direct discharge from Emergency Department 'majors' for approx. 5-6 patients per day. These are people who would otherwise have been admitted to hospital. ▪ ICRS has significantly increased the numbers of people being supported in the last few months, with a forecast increase of 50% (1000 extra people) above last year's activity. To illustrate impact, in November 108 people used the scheme directly due to a fall / fall sensor alert and the majority were safely supported to stay at home rather than be conveyed to hospital as a default.
<p>BCF 6</p> <p>System Coordinator</p>	<p>PENDING DECISION</p> <ul style="list-style-type: none"> ▪ Recruitment stalled with LPT no longer able to provide sufficiently senior staff for this post. ▪ In the meantime, the role is effectively being done between a mixture of LPT and LA teams, with support from the CCG strategy team. ▪ This project was not prioritised to take forward, as the alternative arrangements appear effective.
<p>BCF 7</p> <p>Intensive Community Support service (home based 'beds')</p>	<p>LIVE</p> <ul style="list-style-type: none"> ▪ 6 additional 'beds' are live, with daily occupancy reaching ~ 92%. ▪ Feedback from LPT teams is that the 'beds' are enabling much faster discharge from LPT and UHL beds, enabling system-wide flow and reducing Delayed Transfers of Care, most notably during peak times. ▪ A further 6 beds have been supported using winter Pressures funding.
<p>BCF 8</p> <p>IT integration</p>	<p>LIVE</p> <ul style="list-style-type: none"> ▪ National Information Governance team has become involved due to data sharing issues, with blockages at a national level. Await feedback for resolution.
<p>Priority 3: Enabling independence following hospital care</p>	
<p>BCF 9</p> <p>Planned Care Team</p>	<p>LIVE</p> <ul style="list-style-type: none"> ▪ In January 2015, the Care Navigator service had 91 patients referred in, with the majority of these patients being over 75 and at high risk of admission. Over the year they are forecast to have supported 1572 people with holistic assessments and the provision

	<p>of services, advice or signposting.</p> <ul style="list-style-type: none"> Further work is being undertaken to assess whether the service should be opened up to a wider age range, following feedback from practices across the City. All other elements of the service live and being used to increase flow across the system. This includes additional capacity within ASC in order to extend working hours and respond to the 7 day services agenda. This is helping to support weekend discharges from hospital.
BCF 10 Mental health discharge	<p>LIVE</p> <ul style="list-style-type: none"> Both posts in this team started on 6th October 2014, with one based at the Bradgate Unit and one based at the Bennion Centre. Although the Mental Health delay rate has almost halved compared to 13/14, there has been a sudden increase in December 2014 due to the lack of step down facilities for City patients. In 15/16, funding will be focussed on Adult Mental Health support, the area of greatest pressure.
BCF 11 Integrated Mental health step down service	<p>NOT LIVE</p> <ul style="list-style-type: none"> Held whilst ongoing LLR Better Care Together mental health pathway review takes place.

5. Performance against BCF national metrics

a. Emergency admissions (all ages)

Admissions have continued to increase for Leicester City patients, with current figures showing that the system is 15.6% above the same time in 13/14.

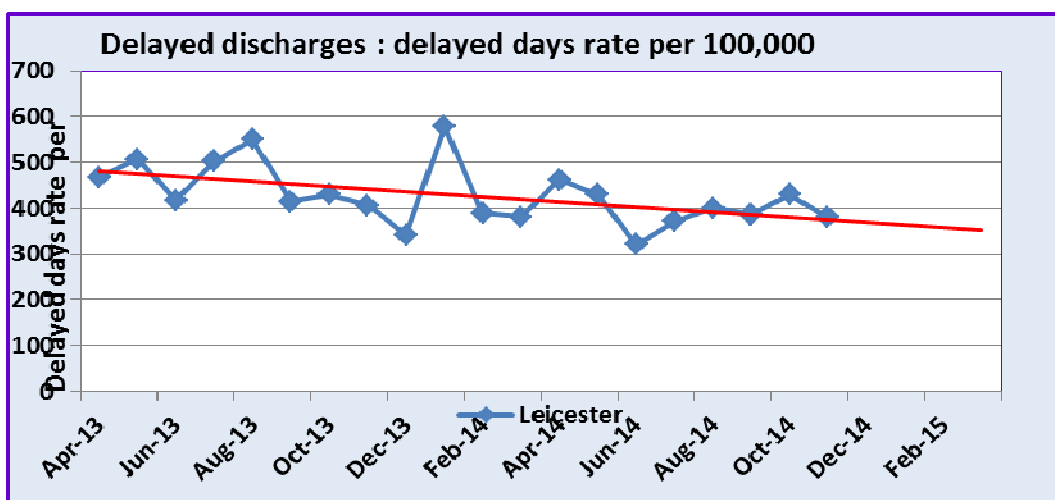


Emergency admissions, all ages, Leicester City. GEM CSU

This will negatively impact on the national metric and the pay per performance element of the fund in 15/16. Greater East Midlands Commissioning Support Unit has been asked to re-base trajectories to enable assessment of whether the 3.5% reduction, mandated in previous guidance, should be re-examined for 2015/16.

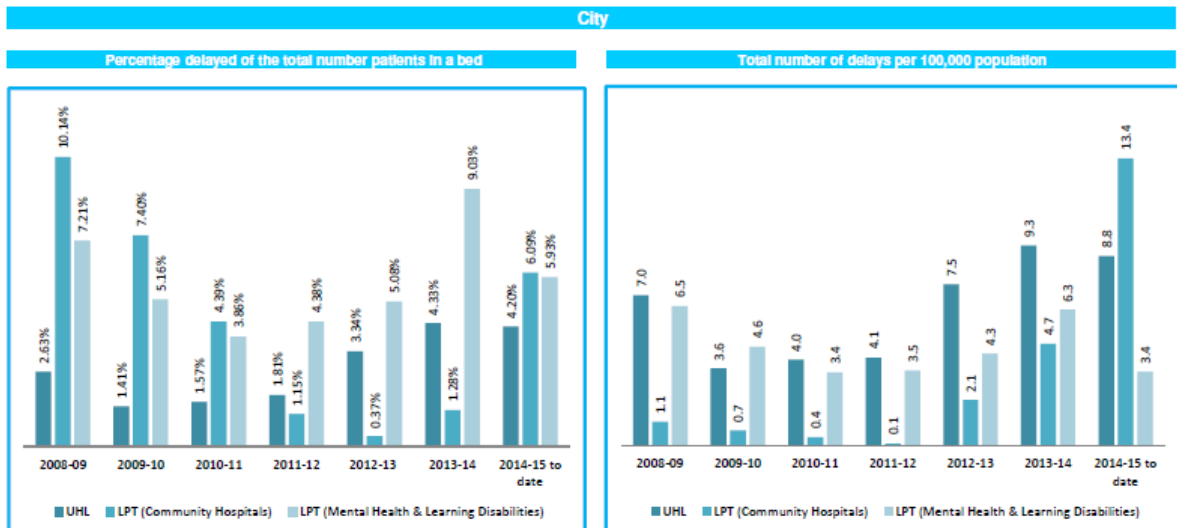
b. Delayed Transfer of Care (DTOC)

Monthly monitoring of the DTOC rate for Leicester City continues to show a steady reduction in numbers, with performance on track to meet the 14/15 trajectory.



Leicester City monthly DTOC rate 2014-15. GEM CSU.

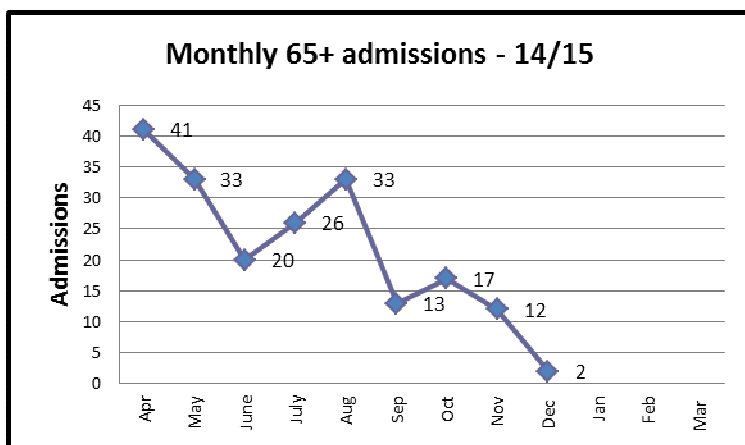
This is particularly apparent in mental health and at UHL, where DTOC rates have reduced. However, DTOC in LPT community beds has increased; this is being investigated by reason in readiness for 15/16 service planning.



DTOC rates, Leicester City CCG, 08.12.14. GEM CSU.

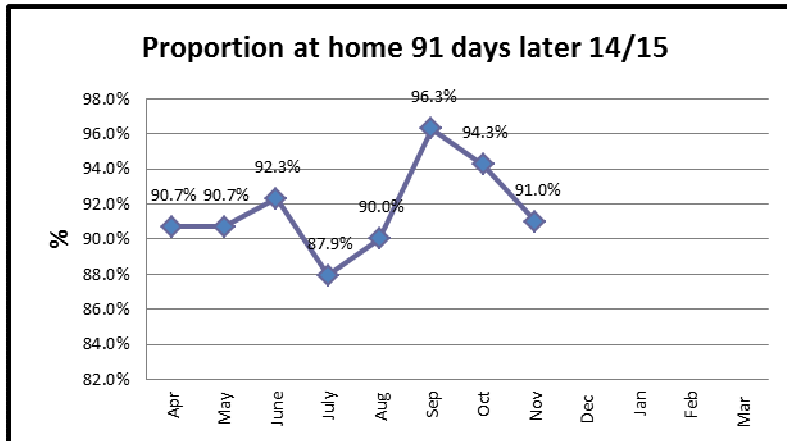
c. 65+ Permanent Admissions in residential / nursing homes

The BCF target for year-end activity is not to have more than 280 admissions in the year, with current forecasts predicting 276 admissions for 14/15.



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

The City has maintained performance at 90% or higher each month except in July 14 which dropped to 87.9%, against a target of 89%.



6. BCF Risk Management

6.1 The BCF risk log is been updated each month and interrogated at each BCF implementation group. The key risks continue to be underuse of the interventions across the system and wider system implications of the UHL contract and resultant risk to QIPP delivery.

6.2 No clinical or safety incidents have occurred in any of the BCF interventions outlined above.

7. Preparation for 15/16

7.1 Evaluation of all BCF schemes is currently ongoing in preparation for 15/16. This will cover:

- Contribution to NHS targets for integrated care (activity and finance)
- Contribution to ASC efficiency target (activity and finance)
- Contribution to wider system resilience
- Any changes to pathways & services required for 15/16
- Any changes in staffing/skill mix required for 15/16

7.2 The prioritised schemes were presented to the Joint Integrated Commissioning Board in February and will be presented to the Health and Wellbeing Board in March 2015 for approval of the next year's programme. This will not be seeking significant changes to the programme.

8. Financial, legal and other implications

8.1 Financial implications

This is a progress report so there are no direct financial implications

Rod Pearson
Head of Finance for ASC

8.2 Legal implications

The report is to provide the Adult Social Care Scrutiny Commission with an update on the progress of the Leicester City Better Care Fund, and the recommendation is to simply note the progress, thus there are no direct legal implications as a result of this report. Further advice can be sought if required as matters progress.

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