

# Adult Social Care Scrutiny Commission

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## **Better Care Fund Progress Update Q2 2016/17**

Date: 12<sup>th</sup> December 2016

Lead Director: Ruth Lake

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## Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details: 454 5551
- Report version: 1

## 1. Summary

- 1.1 This update report notes the position of the Better Care Fund (BCF) activity and performance at Q2 of 2016/17.

## 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 second 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 (DTOC)
- 3.2 The detail of the 16/17 plan was presented to scrutiny in March 2016 and is attached for reference at appendix 1. This report provides a position statement against that plan, as at Q2.

3.3 The 16/17 BCF plan lists the following interventions:

Scheme Name	2016/17 Expenditure (£)	New or Existing Scheme	Agreed at BCF joint confirm and challenge?	Status	Performance
Risk Stratification	£64,000	Existing	Yes	LIVE	
Lifestyle Hub	£100,000	Existing	Yes	LIVE	
IT	£4,000	Existing	Yes	LIVE	
Clinical Response Team	£1,380,015	Existing	Yes	LIVE	
Assistive Technology	£213,321	Existing	Yes	LIVE	
LPT Unscheduled care team	£469,216	Existing	Yes	LIVE	
ICRS	£835,000	Existing	Yes	LIVE	
Night Nursing team	£90,990	Existing	Yes	LIVE	
Services for complex patients	£1,220,277	Existing	Yes	LIVE	
Mental Health Planned Care Team	£232,025	Existing	Yes	LIVE	
MH Housing team	£40,440	New	Yes	LIVE	
MH Discharge team	£42,462	Existing	Yes	LIVE	

ICS (+)	£883,614	Existing	Yes	LIVE	
Reablement - LPT	£1,137,375	Existing	Yes	N/A	
Existing ASC Transfer	£5,901,968	Existing	Yes	N/A	
Carers Funding	£650,000	Existing	Yes	N/A	
Reablement funds - LA	£825,000	Existing	Yes	N/A	
2016/17 ASC Increased Transfer	£5,650,000	Existing	Yes	N/A	
Performance Fund	£1,926,540	Existing	Yes	N/A	
Uncommitted	£194,757	New	Yes	N/A	
DFG	£1,854,000	Existing	Yes	N/A	

3.4 Each scheme is live, with overall rating for each intervention rated green; this is based on an assessment of both capacity, usage and delivery of any key actions required at the Integrated Systems of Care Programme Group, which oversees the operational delivery of the BCF. Some funding is allocated against service delivery that was funded via CCG budgets prior to the BCF, is now funded within the BCF pool but is not subject to performance monitoring (marked N/A).

### 3.5 Performance against BCF national metrics

Overall, performance is positive in the context of a significantly challenged health and care system

#### 3.5.1 Emergency admissions

Analysis of the emergency admission profile at Period 6 shows the following trend:

#### LLR Commissioners vs 16/17 contract

**plan**

M6 16/17	Emergency Admissions				Main ED attends			
Commissioner	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %
LLR	37229	38688	1459	3.90%	64125	70379	6254	9.80%
City	16295	16475	180	1.10%	32865	36284	3419	10%
ELR	10141	11008	867	8.50%	16187	17989	1802	11%
West	10793	11202	412	3.80%	15073	16106	1033	6.90%

Data source: UHL SLAM short stays report M6 31.10.16

The City is 1.1% over plan for emergency admissions (+180 admissions) and 10% over plan for Emergency Department (ED) attends (+3419 attendances). The emergency attendances figure includes duplicate patients (i.e. those patients who are seen in the Urgent Care Centre and then again in the ED are counted twice). De-duplicated data is being worked on by AGEM for LLR as part of the planning process for 17/18.

Year on year analysis is still positive, with 'deep' hour admissions (6 hours+) showing at -3.2% compared to the same time last year:

M6 16/17	Year on year variance						16/17 vs 15/16
				16/17 vs 15/16			
				City	East	West	LLR
Main ED attends FOT				4.46%	8.39%	-3.46%	9.34%
All Emergency admissions FOT				-1.50%	2.63%	1.75%	0.58%
0-6 hour emergency admissions				11.44%	8.07%	13.30%	11.45%
Deep admissions (6 hour +)				-3.18%	2.76%	0.53%	-1.12%

Source: Acute contracts, CCG, M6 SLAM report, 31<sup>st</sup> Oct 2016

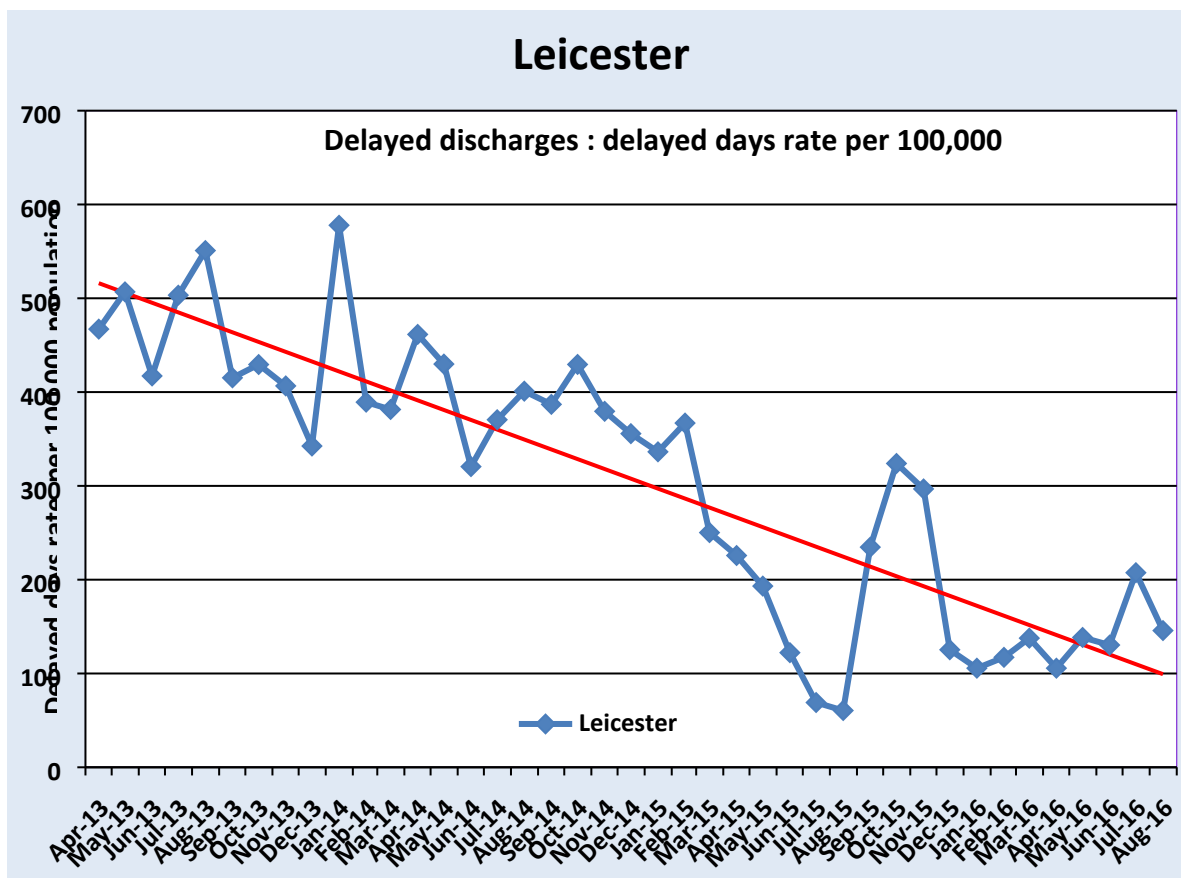
Finally, performance against the Q2 BCF target shows a variance of only +38 non-elective admissions against plan. It should be noted that this is despite the stretch target set for reduced non-elective admissions – in previous years, the variance has been much greater.

### 3.5.2 Delayed Transfer of Care (DTOC)

For 2015/16 Leicester City was the top performing Health and Wellbeing Board nationally against its BCF plan for DTOC:

	Plan rate per 100,000 population	Annual 15/16 Performance Against Plan	Performance Against Plan %	
East Midlands Average	3,749.2	+757.8	+16.8%	↑
Leicester City	4,694.7	-2,705.1	-136.0%	↓

The DTOC rate for all delays as at Oct 20<sup>th</sup> 2016 stood at 12.4 delays per 100,000 population against a target of 8.0 delays per 100,000 population. The City noted a spike in DTOC's during the summer months and this trend has continued:



It should be noted that the DTOC rate for ASC specifically (those delays that we are accountable for) was just 0.5 delays per 100,000 population, against a target of 1.5.

UHL delays have stayed below the target (2.04 delays vs a target of 2.39 delays). The main issues relate to are Leicestershire Partnership Trust (LPT) community hospital beds,

where small movements in numbers creating large percentage increases. For example, during July and August 2016, there were between 3-5 patients delayed in the 25-27 City LPT inpatients beds against an average of 1 patient during Q1 2016/17. The impact on the rate of delay is therefore significant. Additional support has been put into LPT discharge process to mitigate against these delays in future.

Analysis of the reasons for LPT Mental Health delays points largely to patients awaiting completion of health assessments – a formal recovery action plan is being enacted and monitored monthly via the LPT contracting group. As yet, no improvement has been seen.

The key issue that has been raised with CCG Commissioners is the lack of capacity within the Continuing Health Care system to complete assessments in a timely manner. The lack of trained staff available has been escalated to Arden & GEM CSU, who deliver this service but as yet, no mitigation has been agreed upon. This is a direct risk to the delivery of this target and to patient flow during winter months.

### 3.5.3 65+ Permanent Admissions in residential / nursing homes

At the end of Q2, there were 119 permanent admissions (290.4 per 100,000) made into residential care for those aged 65 and over. Forecasting this to year-end, based on current activity, would be around 240 admissions (585.6 per 100,000). The year-end target is to have no more than 260 admissions in the year (633.4 per 100,000). Therefore the Council is on target to achieve this.

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

The local measure for Q2 reporting indicates that 93.3% of older people are still at home 91 days after hospital discharge into reablement / rehab services, against a target of 90%. The local measure counts hospital discharges from Jan - Jun 16 with follow-ups from Apr - Sep 16. Therefore the Council is on target to achieve this.

## 3.6 Planning requirements for 17/18

3.6.1 The NHS planning guidance confirms the continuation of the BCF, and the ongoing requirements for integration policy implementation by 2020. Specific guidance about preparation of BCF plans for 2017/18 is pending later in the autumn. At this stage, no fixed date has been issued for this publication. It is anticipated that BCF plans will need to be submitted by March 2017 but this requires confirmation within the guidance in due course.

3.6.2 It is recognised that for Local Authorities, planning timescales for 2017/18 and beyond are linked to the autumn statement (late November) and publication of LA allocations (January), so the planning process and timescales for NHS partners and LAs are not in alignment.

3.6.3 In order to prepare for the BCF refresh, work has already begun within the Integrated

Systems of Care (ISOC) Programme team. It is proposed to use the same evaluation tool as last year, which was adapted from the national self-assessment toolkit and provides an opportunity for a high-level evaluation of the impact of the components of the BCF plan.

3.6.4 Strategically the introduction of the Sustainability and Transformation Plan (STP), essentially reframes LLR priorities. Within the STP the implementation of integrated locality teams is a key feature and an area of work that will need factoring into BCF assumptions for 2016/17. A number of existing investment lines will form part of the new arrangements, and other development monies may be needed from within the BCF to support this development within the city.

3.6.5 The assurance process for BCF is expected to involve regional level assurance as before, followed by national moderation – details will follow when guidance published. A lessons learned session for the national assurance process is being held on 28<sup>th</sup> September which will inform the assurance process for 2017/18 plans.

#### 4. Financial, legal and other implications

##### 4.1 Financial implications

Total BCF allocation in 2016/17 was £23,715.0k of this £194.8k is currently uncommitted to any specific schemes. £13,027.0k of the £16,291.8k is being used to support Adult Social Care.

Table below shows the funding allocated between City Council, Leicestershire Partnership Trust (LPT) and the City Clinical Commissioning Group (CCG).

<b>Schemes/Investment Title</b>	<b>Subject to Performance Monitoring Y/N</b>	<b>Funding Allocated £'000</b>
<b><u>City Council</u></b>		
Strengthening ICRS	Y	835.0
Lifestyle Hub	Y	100.0
Assistive Technologies	Y	213.3
Services for Complex Patients – Care Navigators	Y	220.0
MH Discharge Team	Y	42.5
Reablement	N	825.0
Existing ASC Transfer (Protecting ASC Services)	N	5,902.0



2016/17 Increased ASC Transfer (Protecting ASC Services)	N	5,650.0
Carers	N	650.0
Capital – Disabled Facilities Grant (DFG)	N	1,854.0
<b>Sub-Total</b>		<b>16,291.8</b>
<b><u>Leicestershire Partnership Trust</u></b>		
Enhanced Night Nursing	Y	91.0
Intensive Community Support Beds	Y	883.6
Unscheduled Care Team	Y	469.2
MH Planned Care Team	Y	232.0
Reablement	N	1137.4
<b>Sub-Total</b>		<b>2,813.2</b>
<b><u>City Clinical Commissioning Group</u></b>		
MH Housing Team	Y	40.4
Risk Stratification	Y	64.0
IT System Integration	Y	4.0
Clinical Response Team	Y	1,380.0
Services for Complex Patients	Y	1,000.3
Performance Fund	N	1,926.5
Uncommitted	N	194.8
<b>Sub-Total</b>		<b>4,610.0</b>
<b>TOTAL BCF</b>		<b>23,715.0</b>

Additional BCF funds should be coming directly to the local authority from 2017/18, although not yet confirmed. This is additional funding that the government have alluded to in recent press announcements, in response to questions about the pressures on social care.

The additional funding is not significant in 2017/18 but rises significantly by the end of the parliament.

**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 2017/18 plans.

**Irene Kszyk, Corporate Equalities Lead, ext 374147**

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 2016/17 Update for ASC Scrutiny Commission  
8<sup>th</sup> March 2016