

## **HEALTH AND WELLBEING BOARD: 12 MARCH 2015**

### **REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION**

#### **ADJUSTMENT TO EMERGENCY ADMISSIONS BASELINE FOR THE BETTER CARE FUND PLAN**

##### **Introduction**

1. The purpose of the report is to provide the latest situation on the current baseline for the total non-elective admissions into hospital (general and acute) per 100,000 population and seek a decision from the Health and Wellbeing Board on whether this target should be revised within the Better Care Fund (BCF) Plan.

##### **Current Situation**

2. At the time of submitting the Better Care Fund plan in September 2014 the target to deliver a 3.5% reduction in the total non-elective admissions was 1,911. The trend in non-elective admissions has shown an increase during 2014 of approximately 6.8% when compared to 2013. This means that a 3.5% reduction is a total of 2,041.
3. The CCGs are currently awaiting the outcome of a review by Capita which will assess the proportion of the increased activity during 2014 which is associated with increases in demand into the acute setting and the proportion of the activity that could be attributable to other factors, such as changes in clinical pathways, thresholds, coding, etc. The outcome is informing CCG contract discussions with acute providers in terms of the scale of non-elective activity to be purchased for the forthcoming year.
4. The level of non-elective activity to be commissioned for 2015/16 is also informed by:
  - The planning assumptions we have made for the four emergency admissions avoidance schemes within the BCF.
  - The impact of other activities within CCG operating plans/ QIPP (Quality, Innovation, Productivity and Prevention) schemes that are designed to reduce emergency admissions.
5. At the Integration Executive meeting on 24<sup>th</sup> February, it was agreed to propose to the Health and Wellbeing Board that the baseline figure should be revised to 2,041 to reflect the increase in non-elective admissions, and that this figure should be reflected in the CCG operating plans. Our confidence level of achieving the target on current performance to date is discussed in section 3.

6. The Integration Executive also proposed that the risk pool of £2.84m for contingency against not achieving the pay for performance target should remain the same, as it was felt that this should sufficiently cover the risk.

### **Performance to date on BCF emergency admission avoidance schemes**

7. A workshop was held in January 2015 to confirm and challenge the trajectories for the four emergency admissions avoidance schemes, to ensure each scheme has a credible action plan to maximise the uptake, and that any operational barriers to delivery are highlighted and addressed.
8. In order to achieve the target for non-elective admissions during 2015, actions have been agreed with the scheme leads to maximise the schemes' contribution to the overall target. These actions include:
  - Optimising the level of GP referrals to schemes (Older Persons Unit, ICRS)
  - Fully utilising the Loughborough site and for EMAS to increase conveyance of patients to the Older Persons Unit.
  - Improving the timeliness and accuracy of activity information (falls service)
  - Expansion of the seven day pilots and a move towards a single, enhanced approach.
9. Performance up to the end of January has shown good progress with a total of 549 avoided admissions being achieved against a planned target of 340. This is subject to the evaluation being completed and also to the agreed actions for each scheme being delivered. This will be monitored by the Step Up/Step Down Programme Board on a monthly basis.

### **Recommendations**

10. It is requested that the Health and Wellbeing Board
  - (a) Approves increasing the total non-elective admission target to 2,041;
  - (b) Agrees that the current risk pool remains at £2.84m.

### **Background Papers**

Better Care Fund Plan

### **Officer to contact**

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