

HEALTH AND WELLBEING BOARD: 16 JULY 2015

REPORT OF DIRECTOR OF HEALTH AND CARE INTEGRATION

**PROGRESS OF THE BETTER CARE FUND EMERGENCY ADMISSIONS
AVOIDANCE SCHEMES**

Purpose of report

1. The purpose of this report is to provide an update on the progress of the emergency admissions avoidance schemes funded via the Leicestershire Better Care Fund and actions being taken to improve their uptake and impact, following analysis of their performance since January 2015

Link to Better Care Together

Workstream	Relevance	Workstream	Relevance
Maternity, neonates, children and young people		Mental health	
Long term conditions		Frail and older people	√
Urgent care	√	Planned care	
Learning disabilities		End of life	

2. The emergency admissions avoidance schemes are targeted primarily to frail, older or vulnerable people and provide an alternative to hospital admission.

Policy Framework and Previous Decisions

3. The four emergency admissions avoidance schemes were approved for implementation as an integral part of the Leicestershire Better Care Fund submission in September 2014.

Background

4. The four schemes have now been up and running for 6 months and the first national quarterly return was made to NHS England on May 29th. As reported to the Health and Wellbeing Board at the May meeting, the local health and care economy continues to over perform in terms of the total number of emergency admissions. In terms of the 4 emergency admissions avoidance schemes within the county, considerable progress has been made with approx. 424 admissions estimated to have been avoided in the period January – March. However all 4 schemes have the ability to perform at a higher level and need to do so in order to avoid 2,041 admissions in total during 2015.

Proposals/Options

5. A multiagency workshop was held on 14th May where the performance and operational delivery of the 4 schemes was reviewed in depth. Remaining barriers to optimising referrals into the schemes, and the care pathways within the schemes were discussed and operational solutions proposed. The workshop included the essential input of providers such as East Midlands Ambulance Service (EMAS), University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT).
6. In June a further workshop was held between operational staff from the emergency department at UHL and the community nursing services within LPT to follow up specifically on how to improve coordination and communication between the respective teams to ensure admissions are avoided wherever possible.
7. The group considered how referrals from within the emergency department could be made direct into the alternatives, for example into the night nursing element of the integrated crisis response service and into the frail older people's assessment service.
8. Further discussions have taken place with both clinical commissioning groups about GP referral processes and levels of uptake across GP practices and localities. Information is being tracked and fed back to practices to prompt discussion about cases that would have been suitable for the alternatives, but resulted in an emergency admission. There has also been sustained communications campaign into GP practice about the alternatives.
9. Appendix 1 to this report is the action plan that resulted from the work undertaken in May and June and these actions are now underway.
10. The impact of these activities is now being seen in that June's data for the frail older people's assessment unit shows 48 cases were referred into the unit this month, compared with 25 and 37 in April and May respectively.
11. The Urgent Care Board has also requested a full analysis of the emergency admissions activity in the first part of 2015 across Leicester, Leicestershire and Rutland. This will help all partners understand in more depth the categories of patients that have been admitted during this period and what lies behind the total emergency admission rate continuing to exceed the threshold that has been planned for 2015. The output of this analysis is expected towards the end of July.

Resource Implications

12. The four emergency admissions schemes are already funded from within the Better Care Fund Plan pooled budget. The actions being taken to improve performance have incurred very minor additional costs (e.g. communications costs, and arranging 2 internally facilitated workshops). The action plan is primarily focused on using the existing teams, resources and systems more effectively to gain maximum delivery.

Conclusions/Recommendations

13. The Health and Wellbeing Board is asked to
 - a. Support the action plan, (the delivery of which is being overseen by the Integration Executive on behalf of the HWB Board)
 - b. Provide any further challenge or feedback to direct the work to deliver 2,041 avoided admissions in 2015
 - c. Provide leadership to the efforts being made within respective organisations to avoid admissions, through the maximum utilisation of the alternatives in the community

Background papers

<http://www.leics.gov.uk/healthwellbeingboard/bcfsubmission.htm>

Officer to Contact -

Chery Davenport, Director of Health and Care Integration (joint appointment)

Telephone: 0116 305 4212

Email: cheryl.davenport@leics.gov.uk

List of Appendices

Appendix 1 – Action Plan to improve the performance of the 4 emergency admissions avoidance schemes

Relevant Impact Assessments

Equality and Human Rights Implications

14. Developments within the Better Care Fund Plan are subject to equality impact assessment and the evidence base supporting the Better Care Fund Plan has been tested with respect to Leicestershire Joint Strategic Needs Assessment.

Crime and Disorder Implications

N/A

Environmental Implications

N/A

Partnership Working and associated issues

15. The delivery of the four emergency admissions avoidance schemes rely on close partnership working between commissioners and providers across the health and care system which is supported operationally by the BCF operational group and strategically by the Integration Executive and the Health and Wellbeing Board

Risk Assessment

16. The schemes contributing to the achievement of the reduction in emergency admissions target did not achieve the required trajectory at the end of the first reporting period and their performance continues to be below the trajectory as at the end of May.
17. The Step Up/Step Down Programme Board have introduced an action plan which will have dedicated project management resource to ensure all actions are in place to improve performance of the schemes so they achieve their maximum impact within 2015.
18. If the completion of the national quarterly submission template highlights that we are not satisfactorily meeting the metrics or national conditions for the Better Care Fund, the plan could be escalated to the Department of Health depending on the identified risk.
19. The escalation process ultimately leads to the ability for NHS England to use its powers of intervention provided by the Care Act legislation in consultation with Department of Health and Department of Communities and Local Government.