

Oxfordshire Health and Wellbeing Board – 16 July 2015 Better care Fund Update

1.0 Introduction

The Better Care Fund (BCF) plan for Oxfordshire was submitted in January 2015 to NHS England, supported by Swindon CCG, Aylesbury CCG and the Oxfordshire County Council and Chair of the Health and Wellbeing Board and the main providers in Oxfordshire, including the Oxford University Hospitals Trust and Oxford Health Foundation Trust. The system signed up to a 2% reduction in non-elective care episodes and improving delayed hospital discharges. The plan commits to protecting adult social care with an investment of £8million and £1.35 million to support implementation of the Care Act 2014.

The principles underpinning the schemes are:

- Integrate services across organisational/sector boundaries,
- Enhance individual self-care management,
- Provide rapid access to community/primary care based urgent care 24/7,
- Provide a greater range of services closer to home,
- Increase the number of patients who can be managed on ambulatory care pathways,
- Reduce delayed transfers of care in the acute sector.

2.0 Overview of projects, management and reporting governance

The BCF Programme Board has established 12 initiatives of which 11 were enshrined in the original plan, and to which an additional initiative for primary care has been added following the successful Prime Ministers Challenge Fund (PMCF) Bid. These projects are:

1. Emergency Multi-disciplinary Units (Reshaping of an existing scheme)
2. Reablement Services (Reshaping of an existing scheme)
3. Reducing delayed transfers of care (New scheme)
4. Ambulatory emergency care (New scheme)
5. Integrated neighbourhood teams (New scheme)
6. Care closer to home (New scheme):
7. Hospital at home (Reshaping of an existing scheme)
8. Oxfordshire Care Summary - proactive care planning (Existing scheme)
9. Protecting adult social care (Existing scheme)
10. Care Act Implementation (Existing scheme)
11. Carers Breaks (Existing scheme)
12. Prime Ministers Challenge Fund (New scheme)

From a project management perspective, out of the 12 schemes 11 are fully established with steering groups meeting and project plans in place, with the exception of Hospital at Home. The reshaping of this scheme is considered alongside the Community nursing review as well as the reablement developments.

There are some challenges of competing timeframes with strategic developments such as outcomes Based Commissioning and set up issues.

2.1 Overall Progress

1. A key tenet of the Oxfordshire approach to supporting the top 2% of the population most at risk of an emergency admission, has been supporting the role of the GP co-ordinator through the implementation of advanced care plans for all in the high risk group, with case management to avoid unplanned admission. This was implemented last year using the ACG risk prediction tool. In addition the GP has been identified as having a key role in earlier diagnosis for those with dementia, as well as identifying individuals who are a 'caring' role.

The top 2% has been identified through a risk stratification exercises involving:

- Age: those over 65 years where Oxfordshire is experiencing above national average population growth.
 - The top 2% of patients (9,700) identified as most at risk of an emergency admission using the ACG risk stratification tool.
 - Disease prevalence across Oxfordshire against 9 of the 12 top ambulatory care sensitive conditions (ACSC) which have shown to have a significant impact on emergency admissions.
 - The role of integration across services: to improve locally provided responsive and preventive care; to build community resilience and self-care management; and to enable earlier discharge from acute care.
2. A significant proportion of those most at risk of emergency care in Oxfordshire reside in residential care and nursing homes. It is for this reason that the Oxfordshire BCF plan includes an initiative to provide greater health prevention support to the independent residential home sector, through 'proactive medical support to care and nursing homes'. This involves engaging with GP practices so that one practice becomes responsible for the entire population of one care/nursing home. The service includes a proactive approach to medicines management and gerontology care, ensuring that all patients in residential care are actively 'care-managed' with advanced care plans in place. Since the launch of the scheme in February 2015 40% of residential homes across Oxfordshire have been 'partnered' with a GP practice and a plan is in place to achieve 95% by the end of 2015. This scheme is expected to reduce non-elective admissions by 1,700 per year.
 3. The 'Integrated Neighbourhood Teams' is another of the 12 BCF initiatives designed to deliver the full range of support and care to the adults with physical needs and older peoples mental health needs out of hospital. The transformational changes in working and delivery have begun the implementation process in June 2015 and will bring together multi-professionals from health and social care, building on the foundation of community health integrated teams, the OHFT single point of access (SPA) and the pooled budget arrangements. The hubs will be based around an adult GP-registered population using a single assessment process, proactive digital integrated care plans and personal support plans, linked to the OCS initiative.

4. The Prime Ministers Challenge Fund (PMCF) aims to support access to primary care by via the neighbourhood hubs, which will offer an additional 8400 appointments outside of core working hours. In addition the implementation of telemedicine and virtual 'e-consultations' will increase access to primary care for those who find it difficult to get to the surgery. The programme is currently in the process of implementation, including:
 - The Early Visiting Service, which went live in early June and has visited 58 patients in the first 2 weeks. Four more teams will be launched by the end of July.
 - E-consultations are now live in Abingdon.
5. The Better Care Fund includes funding to protect adult social care, and to support the implementation of the Care Act 2014 including ongoing support for carers. To date, the County Council has developed and implemented a new policy framework to ensure compliance with the Act, improved information and advice provision online and face to face, and a completely new process for assessing and meeting the eligible support needs of carers in line with national criteria. This includes on-line supported self-assessments, which have proved to be very successful with 70% of applications coming via this route. This provides important intelligence in developing an online self-assessment for all adults seeking support from social care, which is an important component in plans to meet increased demand for assessments from self-funder if funding reform is implemented from April 2016 as proposed.

3 Performance

Please find below the quarterly monitoring for the headline Better Care Fund monitoring:

1. **A 2 % reduction in non-elective admissions (general & acute):** The target is for a 2% reduction in NELs admission from calendar year to calendar year. The table below compares Q4 13/14 to Q4 14/15 and shows a 2% reduction between the two.

			13/14	14/15					15/16			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Non Elective Reduction: in G&A Non Elective Admissions from the Baseline Period	Baseline & Plan		12,586	13,234	13,277	13,309	13,305	12,684	12,684	12,684	12,684	
	Actuals		12,586	13,234	13,277	13,309	12,328					
	Target	-2%					-2%					

2. **Residential admissions:** This is an annual figure which has been submitted to NHS England and shows an 8% improvement in the year and is likely to be in the top quartile nationally in terms of performance.

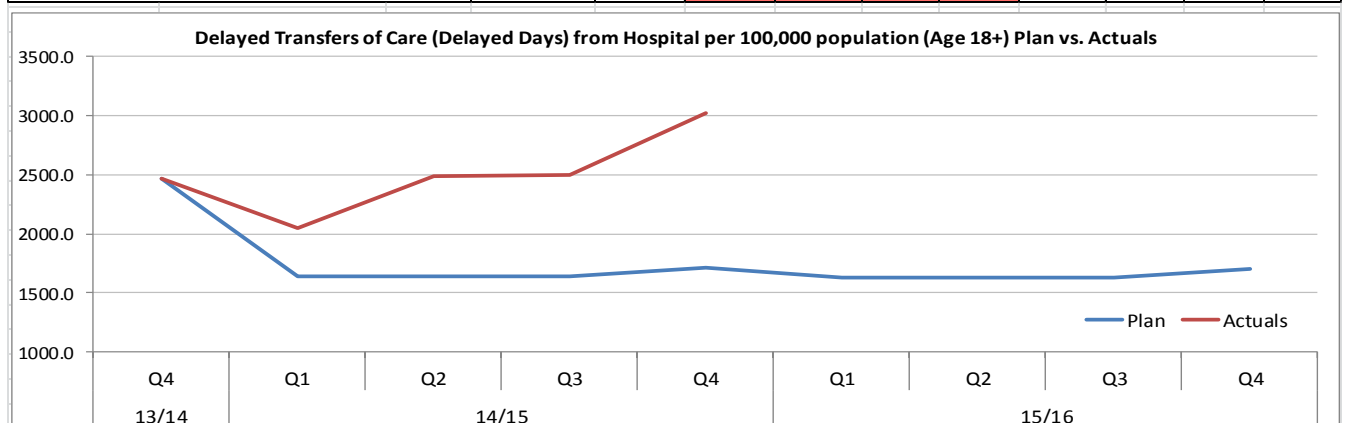
Annual				Baseline (2013/14)	14/15	15/16
Social Care Admissions	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Plan	Annual rate	574.2	471.9	437.8
			Numerator	625	546	520
			Denominator	109,015	115,693	118,780
	Actuals				529.3	

3. **Number of people supported to live at home:** More people receiving on-going support from the council are living at home.

Local Measure		Baseline (2013/14)	Planned 14/15	Planned 15/16
Increase the proportion of older people (aged 65 and over) with an on-going care package supported to live at home	Annual %	60.0	61.9	62.8
	Numerator	2122	2301	2391
	Denominator	3,537	3,716	3,806
	Actuals		62.7	63.0

4. **A reduction in excess bed days as indicated by reduced Delayed Transfers of Care (DToCs) and a reduction in length of stay.** This continues to be challenge for the Oxfordshire System. A number of initiatives have recently been agreed and are in the process of implementation to reduce the number of DToCs.

Quarterly view		13/14				14/15				15/16				
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Delayed Transfers of Care (Delayed Days) from Hospital per 100,000 population (Age 18+)	Plan	2464.8	1636.2	1636.2	1636.2	1707.9	1626.4	1626.4	1626.4	1697.7				
	Actuals	2464.8	2052.1	2486.5	2493.5	3018.8								



5. **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services: The provisional figure is 80%, final deadline for submission is July 24th and figures may change**

Local Measure				Baseline		
				(2013/14)	14/15	15/16
Increase the proportion of older people (aged 65 and over) with an ongoing care package supported to live at home	Plan	Annual rate	60.0	61.9	62.8	
		Numerator	2122	2301	2391	
		Denominator	3,537	3,716	3,806	
	Actuals			62.7		

3.1 Update on the 2% target to reduce non-elective admissions

The Oxfordshire System signed up to a target 2% reduction in non-elective admissions against the 2013/14 baseline as part of its original Better Care Submission. This amounts to a net reduction of 1,050 in non-elective admissions for 2015. The actual number is affected by any growth which needs to be ameliorated.

In line with national guidance, the Oxfordshire BCF submission was reviewed to ensure our target of a 2% reduction in non-elective admissions was still valid. This was done as part of a national exercise to provide Health and Wellbeing Boards across the country with an opportunity to revise the original BCF plans (baselines and trajectories only) if necessary.

Based on analysis it has been determined that there is no significant change in the original BCF plans of a 2% reduction against calendar 2014-2015. The original target of **995** NELs has been revised to **1,050**, however this is not deemed substantive; therefore Oxfordshire does not need to submit a revised BCF. We believe that 2% is both realistic and a stretch target.

HWB Name	Baseline - Non-Elective Activity					Revised HWB Plans - Non-Elective Activity					NEL target	% Change
	13-14 Q4	14-15 Q1	14-15 Q2	14-15 Q3	Baseline Total	14-15 Q4 revised	15-16 Q1 revised	15-16 Q2 revised	15-16 Q3 revised	Total		
Oxfordshire	12,603	13,305	13,305	13,305	52,518	13,305	12,721	12,721	12,721	51,468	1,050	2.0%

Table 1: Revised NEL targets

The table below illustrates the change in elective activity required as part of the BCF and the related costs.

1. Reduction in non-elective activity	
Baseline of Non Elective Activity (Q4 13/14 - Q3 14/15)	51,468
Change in Non Elective Activity	-1050
% Change in Non Elective Activity	-2.0%
2. Calculation of Performance and NHS Commissioned Ring fenced Funds	
Figures in £	
Financial Value of Non Elective Saving/ Performance Fund	1,482,550
Combined total of Performance and Ring fenced Funds	9,796,821
Ring fenced Fund	8,314,271
Value of NHS Commissioned Services	12,545,000
Shortfall of Contribution to NHS Commissioned Services	0

1. Conclusion

The BCF plan is an ambitious set of projects which have the potential to provide more appropriate care for Oxfordshire residents and in doing so address enduring problems such as reducing delayed transfers of care and contribute to consistently achieving the 95% A&E 4 hour target.

The plan also aims to address the increasing demand for urgent and emergency care posed by demographic change in over 65s, which is growing at an annual rate of 1% per year. The impact of this growth is an average 4.3% growth a year in demand for non-elective admissions. Reaching a 2% reduction overall therefore compensates for growth and a further reduction to reach the 2% target.

2. Recommendation

The Health and Wellbeing board are asked to:

- Note the report;
- Support the 2% calculation figures above submitted as part of the Better Care Fund submission to NHS England. This will mean that a further submission is not required.



*Oxfordshire
Clinical Commissioning Group*