

**Report for:** Adults & Health Scrutiny Panel, 18 January 2016

**Item number:** 9

**Title:** Better Care Fund Update

**Report authorised by :** Beverley Tarka, Director of Adult Social Services

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**Ward(s) affected:** All

**Report for Key/  
Non Key Decision:** Non Key Decision

## 1. Describe the issue under consideration

1.1. This report will address the following issues that have been highlighted by the October 2015 Adult and Health Scrutiny Committee:

- Brief update on progress with the Non-Elective Admissions target
- Results of the Care Homes Deep Dive
- Results of the Falls Deep Dive

## 2. Recommendations

2.1. The Adults Health & Scrutiny Panel is asked to note the following:

- The continued progress with delivering a reduction in Non-Elective Admissions
- The themes of the Care Homes Deep Dive
- The themes of the Falls Deep Dive

## 3. Reasons for decision

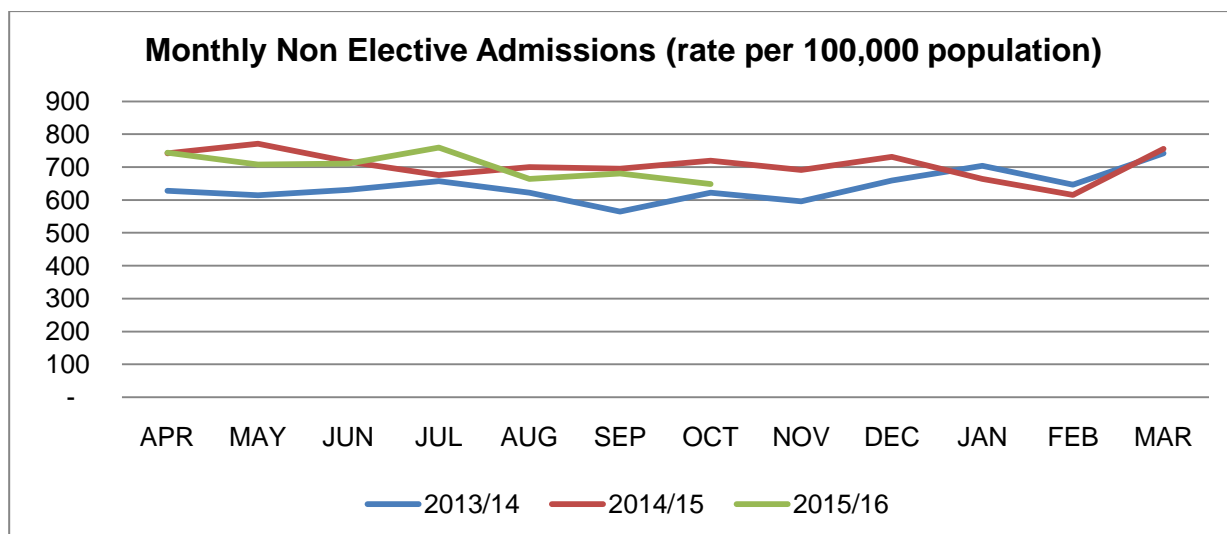
3.1. The following report provides an update to the information presented within the October 2015 Adult and Health Scrutiny Committee. The report includes progress with the impact of the Better Care Fund on Non-Elective Admissions; information on admissions to, and from, care homes and the initial response to the key themes; and information on falls and the initial response to the key themes.

## 4. Alternative options considered

4.1. Not applicable

## 5. Background information

5.1. The Better Care Fund (BCF) continues to make progress on reducing the main target of non-elective admissions (unplanned and emergency hospital admissions). The following table and graph demonstrate that the rate of non-elective admissions (per 100,000 population) from April to October 2015 has been lower than the same period in 2014 (apart from July).



Year	Non-Elective Admissions (Rates per 100,000 population)											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2013/14	628	615	631	657	623	565	622	596	659	704	646	742
2014/15	742	771	717	676	700	695	720	691	731	664	615	755
2015/16	744	707	710	759	664	681	648	#N/A	#N/A	#N/A	#N/A	#N/A

5.2. The national target for Haringey BCF is to reduce actual non-elective admissions (rather than rates per 100,000) by 1.5% from January to December 2015. Progress so far from January to October 2015 is a 1.0% reduction in non-elective admissions.

5.3. To support the reduction in non-elective admissions the range of BCF services in health and social care are being implemented, monitored and reviewed.

5.4. The reduction in non-elective admissions is the main target for the BCF, however there are an additional five outcome measures. Two of these outcome measures are admissions into residential and nursing care homes and injuries due to falls. It is the interplay of health and social care that influence these measures and their subsequent impact on non-elective admissions. A large proportion of non-elective admissions in the over 65 population are due to falls and/or come from care homes. Higher numbers of non-elective admissions also places pressures on care home admissions. It is for these reasons that a more detailed analysis was conducted on these outcomes.

- 5.5. The information in the Care Homes Summary highlights the key themes from the Care Homes Deep Dive. The key themes are:
- 5.5.1. There has been an increase in admissions to both residential and nursing care homes
  - 5.5.2. Haringey has the highest number of care home admissions and spend in their comparator group
  - 5.5.3. Haringey has higher care home costs than the comparator group
  - 5.5.4. There has been an increase in length of stay in Step Down facilities
  - 5.5.5. Most ambulance callouts from care homes were due to the request of a healthcare professional
  - 5.5.6. Non-Elective admission rates in care homes by GP practice are variable
  - 5.5.7. Respiratory, Urinary Tract Infections and Musculoskeletal issues are the top three reasons for a non-elective admission from care homes
  - 5.5.8. Priscilla Wakefield and Spring Lane have a higher rate of non-elective admissions for the top three reasons for non-elective admissions from care homes
- 5.6. In response to these key themes the following response has been discussed with key stakeholders in Haringey:
- 5.6.1. Develop a Primary Care Led Care Homes Service Pilot with one GP Practice linked to one care home (three in total). Focus on Priscilla Wakefield, Spring Lane and Osborne Grove and prioritise falls, Urinary Tract Infections (UTIs) and respiratory.
  - 5.6.2. Review the impact of winter schemes including 'Living Care at Home' – a 2 week package of support to stabilise people at home following discharge from hospital.
  - 5.6.3. Continue to develop the role of social care brokerage in developing alternative and cost effective solutions to in-borough care home placements and review the impact at an appropriate date
  - 5.6.4. Develop the market for alternatives to residential and nursing care
  - 5.6.5. Determine the reasons for higher care home costs in Haringey
  - 5.6.6. Develop a business case for an integrated discharge team
  - 5.6.7. Develop a business case for Step Down support to ensure that it is used appropriately and reduces the need for a care home admission
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- 5.6.8. Develop a business case to expand the provision of reablement including provision in step-down facilities
- 5.6.9. Undertake community engagement to determine the issues that prevent carers from wanting a patient to be discharged home
- 5.7. The care homes actions will be incorporated into the work programme of the Intermediate Care Group who will monitor their implementation.
- 5.8. The information in the Falls Summary highlights the key themes from the Falls Deep Dive. The key themes are:
  - 5.8.1. There has been a 9% increase in the rate of falls related injuries (per 100,000 population) in the over 65s in Haringey (2013/14 to 14/15)
  - 5.8.2. There was a 17% increase in the rate of non-elective admission for falls (per 100,000 population) in the over 65s in Haringey (2013/14 to 14/15)
  - 5.8.3. Falls are mainly happening to women over 85 in the west of the borough
  - 5.8.4. Fractures made up 46% of falls related non-elective admissions in the over 65s
  - 5.8.5. There has been a 6% reduction in the rate of hip fractures in the over 65s in Haringey between 2010/11 and 2013/14
  - 5.8.6. There has been a 7% increase in referrals to the Integrated Community Therapy Team falls services in Whittington Health between 2013/14 and 2014/15
  - 5.8.7. From 2013/14 to 2014/15 there was a 10% increase in patients at North Middlesex and a 7.3% reduction in patients at Whittington
  - 5.8.8. 32% of social care clients were assessed as being at risk of falls, with 54% of these clients receiving housing adaptations or equipment
- 5.9. In response to these key themes the following response has been discussed with key stakeholders in Haringey:
  - 5.9.1. Continue to monitor the balance and strength exercise group
  - 5.9.2. Continue to ensure that people at risk of a non-elective admission due to falls are supported by the Locality Team, particularly in the West
  - 5.9.3. Review the evidence base regarding the use of falls prevention information resources in primary care
  - 5.9.4. Explore the linkage of the falls pathway to hospital discharge

5.9.5. Explore the development of a fracture liaison service for Haringey

5.10. The falls actions will be incorporated into the work programme of the Integration Implementation Group who will monitor their implementation.

## **6. Contribution to strategic outcomes**

6.1. The BCF is one of the key plans for the London Borough of Haringey (LBH) and Haringey CCG. In particular it supports:

- 2014/19 North Central London 5-Year Plan
- 2014/19 Haringey CCG 5-Year Plan
- 2015/16 Haringey CCG Operating Plan
- LBH (2012) Joint Health and Well-being Strategy

6.2. The BCF is helping to deliver Priority 2 (Healthy Lives) of LBH's Priorities 2015/16 and Priority 2 (Integration) of Haringey CCG's Priorities 2015/16.

## **7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

### **7.1. Finance and Procurement**

7.2. This report is for noting only and there are no financial implications arising directly out of this report. There are also no procurement issues arising.

### **7.3. Legal**

7.4. There are no legal implications arising from the recommendations in the report

### **7.5. Equality**

7.6. An Equalities Impact Assessment (EIA) was completed for the whole BCF Programme in December 2014. The overall outcome was to continue with the programme as there were a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender, religion/belief, marriage, human rights, socio-economic group, social inclusion and community cohesion. These positive impacts were mainly due to: the cohort of patients and services users that will be the main beneficiaries; the delivery of services in people's homes; working in a service user centred way to define health and social care goals; and the intention to improve health and well-being. No negative impacts were highlighted.

## **8. Use of Appendices**

8.1. Care Homes Summary AHS v0.3

8.2. Falls Summary AHS v0.3

## 9. Local Government (Access to Information) Act 1985

9.1. The original BCF plans and papers, including the equality impact assessment, can be found on the following web-link:

<http://www.haringeyccg.nhs.uk/about-us/better-care-fund.htm>