



## Better Care Fund Quarterly Report

to Cambridgeshire  
Health & Wellbeing Board

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Gill Kelly, Integration Lead – CCG  
Geoff Hinkins – Integration & Transformation Team - CCC

### Q2 Non Elective Activity

Cambridgeshire		Q1			Q2		
		April	May	June	July	August	September
Monthly Activity	BCF Plan	4,719	4,719	4,719	4,619	4,619	4,619
	Actual	4,800	4,949	5,002	5,087	4,782	5,178
	Variance	80	230	283	468	163	559
	% Variance Against BCF Plan	1.7%	4.9%	6.0%	10.1%	3.5%	12.1%
Quarterly Plan Total				14,158			13,857
Quarterly Actual Total				14,751			15,048
Variance Against BCF Plan				593			1,191
% Variance Against BCF Plan				4.2%			8.6%

## Non Elective Activity Key Points



During Q2 non elective activity in both main hospitals – CUHFT and HHT has exceeded the BCF plan in both the under and over 65 year old age bands

## BCF Plans



- Around 50% of BCF expenditure is on the OPACS Contract provided by UnitingCare
- Focus on non elective pathway for people age 65 years and over + also adults with long term conditions to prevent avoidable hospital admissions
- Admission avoidance schemes for over 65 year olds are :
  - OneCall & Joint Emergency Team (JET)
  - Neighbourhood team implementation
  - Case management

## OneCall & JET



- JETs - accessed via OneCall - the single point of co-ordination launched to GPs on 6 May to prevent emergency admissions through a rapid response and co-ordination of supportive services to patients in their homes
- Q2 - demand for OneCall and JET was below plan
- Q2 - mitigating actions – increase of JET capacity + access expanded to nursing homes.
- Q3 - plan to continue to progressively expanded to care homes and case managed patients and their carers - expected to result in increased referrals and further impact non elective admissions

## Neighbourhood Teams (NTs)



- Q1 & Q2 activity – staff consultation to set up 16 neighbourhood teams across Cambridgeshire and Peterborough.
- Q3 – 16 multi-disciplinary NTs launched, each based around five GP practices.
- Responsible for providing person centred community-based healthcare
- Q3 / Q4 commence consultation for the four integrated care teams (ICTs) which will sit above the neighbourhood teams and provide specialist support
- ICTs in place from January 2016

## Case Management



- Case management will support people, who are at the greatest risk of deterioration or future hospital admission
- Aim - increase the numbers of people receiving case management / care co-ordination from the top 2% to 15% of the over 65 year old population, to help reduce the number of avoidable admissions to hospital
- Starting to be implemented by the new neighbourhood teams

## Other initiatives to reduce unnecessary over and under 65 Year old Admissions



- HHT - ED is supported by the front of house therapy team which now comprises of community matrons and therapists + earlier discharge leading to increase in 0-1 day LOS
- CUH – Medical Decision Unit & GP Liaison service to support GP decision making
- Work with EEAST to establish new community pathways thus avoiding hospital admission
- Q2 - Carers' Trust estimate that their Family Carers Prescription which supports carers has prevented 92 non elective hospital admissions for Cambridgeshire

## Other Q2 initiatives to reduce unnecessary admissions – all ages



- CUH Urgent Primary Care Centre (UPCC) - GPs triage minors at the front door + provides GP in ED - shows an increase of about 30% more patients seen by the GP in ED than when the services is not available.
- CUH Nurse deflector role in ED
- HHT – GP in A&E

## Conclusion



- Non elective activity is exceeding BCF plan in all hospitals – all ages
- BCF plan supports OPACS funding
- Admission avoidance work underway across the system through, OPACS, SRGs, Urgent Care Vanguard, voluntary sector
- Currently - OPACS expanding services & ongoing work to understand admission numbers