

Date: 12/05/2016
Meeting: Joint Commissioning Committee
Item No. 8.0
Public

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REPORT TITLE: Elderly Care Fund (ECF) 2016/17

DECISIONS TO BE MADE:

- Approve the proposed allocation of the Elderly Care Fund (ECF) for 2016/17

Continue to improve the quality of services	x	Improve patient experience	x
Reduced unwarranted variations in services	x	Reduce the inequalities gap in North Lincolnshire	x
Deliver the best outcomes for every patient	x	Statutory/Regulatory	x

Executive Summary (Question, Options, Recommendations):
This report seeks JCC approval to continue the current Elderly Care Fund services, unchanged throughout 2016/17, on the understanding that all primary care enhanced services will be reviewed during 2016/17.

The ECF budget remains unchanged at £5 per registered patient population.

JCC are asked to:

- Approve the proposed allocation of the Elderly Care Fund for 2016/17

Equality Impact	Y/N	N
Sustainability	Y/N	N
Risk	Y/N	N
Legal	Y/N	N
Finance	Y/N	N

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	DATE		N/A	Y	N	DATE
Patient:			X		Clinical: Council of Members			X	
Public:			X		Other:			X	

ELDERLY CARE FUND 2016/17

Background

In December 2013 NHS England published 'Everyone Counts: Planning for patients 2014/15 To 2018/19 which detailed the government's commitment to a specific focus during 2014/15 on those patients aged 75 and over and those with complex needs.

The guidance committed specific resource to support care of the elderly. The guidance stated that: 'CCGs are expected to support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding for practice plans to do so..... This funding should be at around £5 per head of population for each practice'....

This resource has to be used to:

'Commission additional services which practices, individually or collectively, have identified will further support the accountable GP in improving quality of care for older people..... ('NHS England Everyone Counts: Planning for Patients 2014/15 to 2018/19': pages 14-15).

Local Context

During 2014/15 North Lincolnshire GP Practices submitted practice plans to deliver the role of accountable GP and pilot new and innovative ways of working to support the delivery of the 'accountable GP role in general practice. Practices were required to provide feedback to the CCG on what worked in practice and any perceived gap in service provision locally to inform future planning. As a result of this, during 2015/16, North Lincolnshire CCG committed £3 per head of practice registered population for the delivery of an enhanced service specification that all practices are signed up to; the remaining £2 per head of population budget was utilised to fund a new community based holistic Geriatric/Falls prevention service which commenced in October 2015.

Detail of the services currently funded through the ECF are briefly highlighted below:

Aims and objectives of Elderly Care Fund Enhanced Primary Care Service

The enhanced service is aimed at being flexible in delivery by the practice in order to meet the unique needs of the practice population. Practices will utilise the resource to improve care for this patient group and reduce avoidable admissions in patients aged 75 and over.

The following characteristics of services are expected as a minimum across all practices:

- All patients aged 75 and over will be informed of their Named Accountable GP
- All patients aged 75 and over will have the opportunity to access a health check if requested (as per contractual requirement)
- Care for this patient group will be patient centred rather than disease specific orientated, with longer appointment times where necessary to facilitate this
- Improved access to health care - minimum of same day telephone consultation if required

Practices will undertake care reviews for a minimum of 10% of patients aged 75 and over as detailed in the care review template (Appendix 2)

- Practices will proactively review all unplanned admissions for patients aged 75 and over and take any appropriate action to reduce risk of further admissions
- Practices will undertake a patient satisfaction survey (following care reviews of patients aged 75 and over)

All practices are signed up to delivering the enhanced service specification. The CCG will continue to fund the enhanced service during 2016/17 on the understanding that all local enhanced services will be reviewed during 2016/17.

Community Geriatric/Falls prevention service

The JCC approved the award of the contract to Safecare Network in August 2015; service commenced on the 1st October 2015. The contract runs until March 31st 2017 and so commits the £2 per registered patient population during 2016/17.

The service aims and objectives include:

- Provide access to comprehensive geriatric assessments delivered in accessible community settings and residential settings for patients aged 75 and over who have been identified by their GP as at risk/having frailty
- Proactive onward referral to appropriate support services/additional services to support identified needs
- Improved management of frailty in primary, community and residential settings
- Holistic falls prevention assessments (primary and secondary prevention)
- Reduce poly-pharmacy
- Improved self-management of frailty
- Development of high quality care and support plans (based on BGS guidelines)
- Exit strategies for patients and family cares (linked to care and support plans)
- Education/training for GP/primary care staff on care and support needs associated with frailty
- Link with FEAST referral for acute assessment when appropriate

A service up-date/progress report on the development of the geriatric/falls prevention services will be presented to JCC in July 2016.

JCC are asked to:

- **Note the contents of the report**
- **Approve the proposed continued allocation of the ECF during 2016/17**