

HEALTH AND WELLBEING BOARD			
Report Title	Adult Integrated Care Programme: Enhanced Care and Support Work Stream		
Contributors	Associate Director and Commissioning Project Manager, Nursing and Quality Directorate, Lewisham Clinical Commissioning Group	Item No.	3
Class	Part 1	Date:	24 <sup>th</sup> November 2015
Strategic Context	Please see body of report		

## 1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board with an update on the Adult Integrated Care Programme's 4<sup>th</sup> work stream, Enhanced Care and Support (ECS).

## 2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are asked to:

Note the progress made on establishing the ECS project scope, the establishment of seven ECS project design principles and anticipated scheme benefits and outcomes.

## 3. Strategic Context

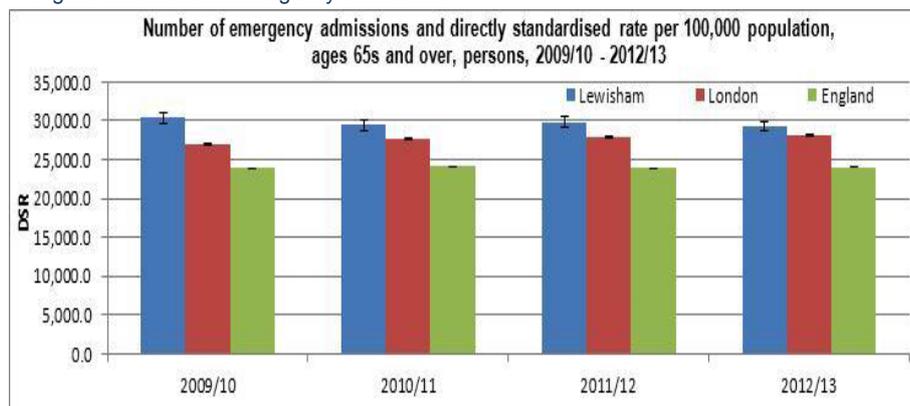
### 3.1 Background

National and local research indicates that Lewisham emergency admissions are higher than the national average. This puts significant pressure on the health economy at a time of shrinking resources.

At the same time Health and Social Services are under increasing strain to meet growing demands for health and social care and to contain escalating costs. The evidence of this pressure is clear and includes the following :

- The high number of A&E attendances and pressure on urgent and emergency care services. (see Figure 1 below)

Figure 1: Lewisham Emergency admissions



- Increasing pressure on adult social care for community care packages when the adult social care is required to make a substantial contribution to the Council budget savings programme - a provisional savings target of £25m over this period (against a net budget of £80m).
- The increase in demand and difficulties in accessing primary care services.
- An Ageing population with complex/multiple health problems

A key action to reduce Lewisham's emergency admission rates is the development of the Adult Integrated Care Programme (AICP) Board. The AICP aim focuses on the *redesign and reshaping of services to improve patient health and wellbeing*.

Enhanced Care and Support (ECS) is the 4<sup>th</sup> of 5 AICP work streams and a critical component of accelerating the AICP aim. The ECS work stream aims to develop a coherent and co-ordinated set of services which avoid unnecessary admissions into a hospital or a care home and facilitate early discharge into the community or home

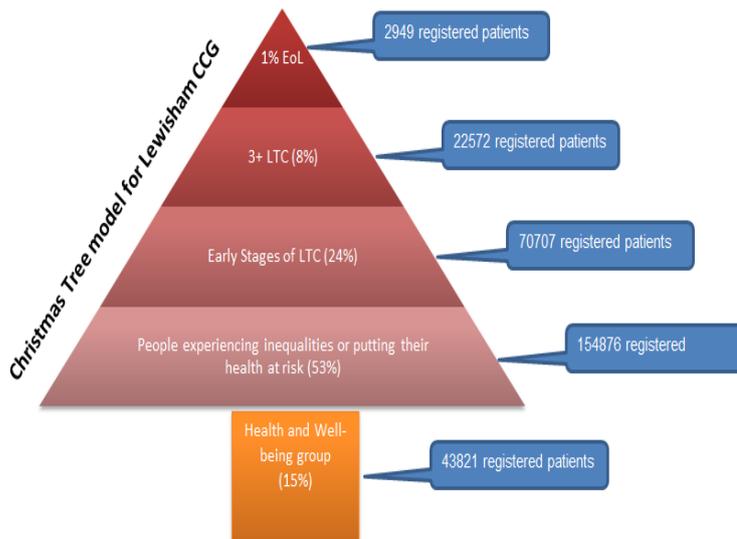
### 3.2 **ECS Vision and scope**

The ECS vision is to reduce avoidable admissions as a result of either health or care crises for the people of Lewisham. Majority of the people targeted for ECS intervention will be over the age of 65 and have one or multiple long term conditions. Without ECS intervention, a significant number of these people will be at increased risk of an avoidable emergency admission which will impact on both health and social budgets and significantly reduce peoples independence.

### 3.3 **ECS Design Principles**

There are seven design principles on which ECS redesign and reshaping processes are based. These reflect the intermediate care nature of the ECS approach and highlight the duration of ECS project intervention as a critical determinant of services in scope of ECS. These design principles are set out as follows:

1. ECS supports people in crisis at each level of the SEL Christmas Tree Model (see below) above and beyond the core services supporting these populations.



2. ECS services will be time limited allowing people in crises to transition in and out of core services. By time limited we mean for a period of up to six weeks.
3. Secondary Care prevention forms part of ECS. This aims to identify people at risk of an emergency admission and halt or slow down any deterioration.
4. Rehabilitation will only start when a person is *medically fit*
5. The development of a *Home Ward* project will address the gap between discharge from hospital and readiness for rehabilitation and is thus a key ECS intervention.
6. Robust referral, common assessments and escalation processes are required across all ECS services.
7. ECS will adopt robust specifications and contract management to ensure the delivery of its key outcome i.e. a reduction in avoidable admissions.

### 3.4 ECS Anticipated Outcomes

- A reduction in emergency admissions primarily to LGT acute services.
- A reduction in 28 and 90 day re-admission rates following discharge from Lewisham acute and Lewisham social services respectively.
- Maintenance of existing care packages.
- Reducing the need for long term care placements.
- No cost shunting between health and social care.
- Maintaining people to live independently for as long as possible.

#### **4. ECS Developments**

- 4.1 **June 2015**-reconvening of the Emergency Admissions working group as the Enhanced Care and Support work stream in line with AICP recommendations. LCCG also begin Admissions Avoidance audits to inform redesign and reshaping of ECS services.
- 4.2 **August 2015**-ECS stakeholder meeting convened to confirm ECS purpose, scope and projects-Project scope purpose and scope confirmed.
- 4.3 **September 2015** ECS clarification of project timescales and review of Joint Commissioning stock take projects within ECS scope-Confirmation of project timescales and Joint Commissioning stock take projects.
- 4.4 **October 2015**-ECS discuss the Discharge to Assess and Winter Assessment Team pilots and ECS Financial modelling-pending.
- 4.5 **November 2015**- ECS review of Avoidable Admissions audit outcomes and proposed redesign of projects, review of commissioning priorities. –pending.

#### **5. Financial Implications**

- 5.1 There are significant financial implications for non-delivery of ECS projects. Non-delivery of ECS outcomes will result not achieving QIPP savings for 2015/16, increase costs to the health economy and increased pressure on the health economy and budgets for 2016/17. This risk is being managed through the ECS work stream meetings as well as established contract management processes.

#### **6. Legal implications**

- 6.1 The Health and Social Care Act 2012 places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans.

#### **7. Crime and Disorder Implications**

- 7.1 There are no specific crime and disorder implications arising from this report or its recommendations.

#### **8. Equalities Implications**

8.1 There are no specific equalities implications arising from this report or its recommendations.

**9. Environmental Implications**

9.1 There are no specific environmental implications arising from this report or its recommendations.

**10. Conclusion**

10.1 This report provides an update on the AICP's Enhanced Care and Support work stream to date and invites members to note this information.

If there are any queries on this report please contact:

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