

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 30TH MARCH 2016

REPORT OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND REFRESH 2016/17 OVERVIEW

Purpose of report

1. The purpose of this report is to provide an overview of the progress to refresh and submit the Leicestershire Better Care Fund (BCF) plan including an update on the refreshed spending plan and outcome metrics for 2016/17 as at 17th March 2016.

Policy Framework and Previous Decisions

2. The previous BCF Plan for Leicestershire was approved by the Health and Wellbeing Board in September 2014.
(<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3984&Ver=4>)
3. There is a requirement for all Health and Wellbeing Boards to submit a refreshed BCF plan by 25th April, in line with national policy and guidance.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
<https://www.england.nhs.uk/wp-content/uploads/2016/02/annex4-bcf-planning-requirements-1617.pdf>

Current Position

4. The delayed Annex 4 national technical guidance for the BCF was released on 23rd February.
5. The guidance confirmed that for areas who have not achieved their target for reduction in emergency admissions during 2015/16 there is an expectation that a risk pool will operate within the 2016/17 BCF plan.
6. The guidance gave further information on the expectations of the BCF plans in relation to:
 - a. Action plans to improve delayed transfers of care
 - b. How the BCF spending plan should account for spend on NHS out of hospital services, as well as adult social care protected services.
7. National conditions are in place as before e.g. covering 7 day services, integrated data using the NHS number, having an accountable professional for case management and the requirement to have plans agreed by partners including acute providers.

8. National BCF metrics have remained the same for 2016/17. For the patient experience metric the same question will be used from the GP survey regarding long term conditions. The same local metric will also be used, which is “reducing the number of emergency admissions due to falls”.
9. The milestones for the submission of the BCF plan through to NHS England have been revised due to late publication of the guidance. The main milestones are:
 - a. 2nd March – initial draft of BCF planning template, which details refreshed funding contributions, and initial scheme level spending plan, refreshed metrics and confirmation of local risk pool agreements, submitted to NHS England
 - b. 21st March – first submission of the full narrative plans for the BCF, and a second submission of the BCF planning return template.
 - c. 25th April – final submission, with confirmation of approval of the local Health and Wellbeing Board.
10. During March and April assurance of BCF plans will take place with feedback provided from NHS England and Local Government panels operating regionally. Assurance will be assessed in two ways:
 - a. How the plan addresses the funding requirements, national conditions and metrics.
 - b. Risks to delivery of the plan in the context of the local health and care economy.
11. The outputs of the assurance process will result in plans being rated either Approved, Approved with Support, or Not Approved, and a national moderation process will take place.

Draft Narrative for BCF Plan Refresh

12. Although there is no national template for the BCF narrative, the expectation is this should be a brief narrative overview of the refreshed plan, demonstrating how the national conditions and metrics for the BCF will be achieved in 2016/17 with assurance on how plans have been co-produced and approved by all partners, ultimately via the Health and Wellbeing Board.
13. A draft narrative has been prepared for the submission on 21st March. Some of the text from the early draft has already been reflected in the Clinical Commissioning Group (CCG) operating plan submissions.

First Cut Spending Plan for BCF Refresh

14. Leicestershire’s BCF allocation for 2016/17 has been confirmed as £39.1m, an increase of £0.8m (2%) from 2015/16.
15. An initial refreshed spending plan has been developed through co-production across partners. Evaluation work across the BCF plan to inform the spending refresh was

led by the Integration Operational Group, with recommendations reported to the Integration Executive between December 2015 and February 2016.

16. The spending plan has been refined further during February and March between Leicestershire County Council, East Leicestershire and Rutland CCG and West Leicestershire CCG, so that the initial BCF submission made on the 2nd March demonstrates a balanced plan.
17. As mentioned above, the technical guidance includes a section on risk pool arrangements. It states that where local partners recognise a significant degree of risk associated with the delivery of their 2016/17 plan, for example where emergency admission reductions targets were not met in 2015/16, it is expected local areas will consider a risk pool.
18. On 26th February 2016, Leicestershire County Council and CCG representatives met to consider the spending plan refresh including the trajectories for the BCF schemes for admissions avoidance, the level of assurance on delivery of these schemes, and the level of investment being made in the schemes.
19. The outcome of this meeting was a recommendation of a £2million risk pool for 2016/17, based on a target of 1,750 admissions being avoided through the emergency admissions avoidance components of the 2016/17 BCF plan.
20. Work is in progress with the CCGs to ensure that relevant BCF schemes are captured in CCG commissioning intentions and that schemes are contractualised with specification and are reflected consistently in CCG operating plans, including QIPP plans where applicable.
21. The work to refresh the BCF plan has generated a number of actions to be followed up in course of 2016/17. This work will be led by the BCF Operational Group.
22. The initial BCF submission template (available at [http://politics.leics.gov.uk/Published/C00001038/M00004631/AI00047061/\\$BCFRefresh201617OverviewAppendix.xlsA.ps.pdf](http://politics.leics.gov.uk/Published/C00001038/M00004631/AI00047061/$BCFRefresh201617OverviewAppendix.xlsA.ps.pdf)) was submitted to NHS England on 2nd March and reflects the scheme level breakdown of the 2016/17 BCF, based on the refresh undertaken to date including the financial refresh.

Summary of Metrics and Trajectories for the 2016/17 BCF Plan

23. Metric 1 – long-term support needs to older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population. The target for 2016/17 has been set at 630.1 per 100,000 based on the 2015/16 target of 670.4 per 100,000 and a 90% confidence level that the trajectory is decreasing. Current performance is on track to achieve the target for 2015/16.
24. Metric 2 – proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. The target for 2016/17 has been set at 84.2%, based on the expected level of 82.6% being achieved in 2015/16 and a 75% confidence interval that the trajectory is increasing. The lower confidence interval has been chosen to ensure that the target is realistic and achievable. Performance is currently on track to almost meet the 2015/16 target of 82.0%

25. Metric 3 – delayed transfer of care (delayed days) from hospital per 100,000 population (aged 18+). Work on setting this target is still ongoing. Recent reductions in delays have focussed on interventions in the acute sector, and analysis is being finalised to assess the proportion of our delays in non-acute sites and set a realistic achievable target to reduce these. At present the analysis suggests a 0.5% improvement may be applied to non-acute delays. This will be confirmed in due course.
26. Metric 4 – total non-elective admissions into hospital (general and acute) per 100,000 population. The proposed target for 2016/17 is 750.2 per 100,000 per month, based on a 3% reduction on CCG plans submitted to Unify 2. This equates to no more than 60,759 admissions in 2016/17. This assumption will need to be aligned with final CCG operational plan targets.
27. Metric 5 – patient/service user experience. Patients are asked, in the GP survey, if they are satisfied with support to manage long term conditions. It is proposed to set this target at 63.5% for 2016/17 (data will be released February 2017). This is based on the 2015/16 target (data due for release July 2016) and a 2% increase in the number of positive replies. Current performance of 61.6% (January 2016) is below the England average of 63%.
28. Metric 6 – emergency admissions for injuries due to falls in people aged 65 and over, per 100,000 population. It is proposed that this target is set at 139.7 per month, based on the figures for 2014/15 (released February 2016) and the revised target for 2015/16 and a 90% confidence level of a decreasing trajectory. The latest published data (2014/15) shows Leicestershire as having a directly standardised rate significantly better than the England average.
29. The following should be noted with reference to the emergency admissions metric:
 - a. Refreshed trajectories have been developed for the emergency admissions avoidance schemes implemented in 2015/16 based on learning to date.
 - b. The assumption for the existing schemes are that only uplifted activity achieved in 2016/17 will count towards the trajectory.
 - c. Trajectories have been developed for any new admissions avoidance scheme for 2016/17, for example the new Ambulatory Pathway on CDU scheme at Glenfield Hospital.
 - d. The current estimation is approximately 1,750 avoided admissions for 2016/17 are to be achieved through the BCF.
 - e. This assumption will be reflected in CCG operating plans, apportioned by CCG by scheme.
30. The metrics and trajectories information noted above have been reflected in the BCF submission template (referenced in paragraph 22).

Next Steps

31. Following the release of the technical guidance, the draft narrative plan is being reviewed and finalised to ensure that it meets with all the requirements.
32. Further discussions with the District Councils will take place regarding the allocation of Disabled Facilities Grants during March.
33. In line with usual practice (and the Health and Wellbeing Board and Integration Executive terms of reference), final edits including feedback from the Health and Wellbeing Board meeting on 10th March, feedback from NHS England assurance reviews, and any other actions needed in order to complete the final BCF submission in March and April will be undertaken by the Integration Executive.
34. A review and sign-off by West Leicestershire CCG Board will take place on 29th March. The date for East Leicestershire and Rutland CCG to review and sign off the BCF is still to be confirmed.
35. The final BCF submission will be quality assured at the Integration Executive meeting on the 19th April.

Resource Implications

36. The BCF plan is to be delivered via a pooled budget which will comprise £39.1million for 2016/17.

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Relevant Impact Assessments

Equality and Human Rights Implications

37. Developments within the BCF are subject to equality impact assessment and the evidence based supporting the BCF Plan has been tested with respect to Leicestershire Joint Strategic Needs Assessment.

Partnership Working and associated issues

38. The delivery of the BCF Plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.

39. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.
40. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the 5 year plan to transform health and care in Leicestershire, known as Better Care Together, <http://www.bettercareleicester.nhs.uk>.