



HEALTH AND WELLBEING BOARD: 5 JANUARY 2017

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND QUARTERLY PERFORMANCE REPORTING

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with assurance on the national quarterly reporting requirements for the Better Care Fund (BCF).

Policy Framework and Previous Decisions

2. The Health and Wellbeing Board approved Leicestershire's current BCF plan in May 2016.
<http://politics.leics.gov.uk/documents/s118710/Better%20Care%20Fund%20Plan%20Submission%20and%20Assurance.pdf>
3. The day to day delivery of the BCF is overseen by the Leicestershire Integration Executive as agreed by the Health and Wellbeing Board in March 2014.
(<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3981&Ver=4>). The Integration Executive Terms of Reference have been refreshed, and were approved by the Health and Wellbeing Board in November 2015.
4. NHS England issued BCF implementation guidance in July 2016
<https://www.england.nhs.uk/wp-content/uploads/2016/07/bcf-ops-guid-2016-17-jul16.pdf> which set out the requirements for quarterly reporting along with the draft templates and analytical tools that are required to be used for this purpose.

Background

5. The BCF plan was initially submitted to NHS England in September 2014 and was implemented during 2014/15 and 2015/16.
6. In line with the national policy requirements, the BCF plan was refreshed for 2016/17 at the beginning of 2016. The final plan was submitted to NHS England on 3rd May. Confirmation was received in July that the plan was fully approved.
7. The purpose of the BCF is to transform and improve the integration of local health and care services, in particular to:
 - Reduce the dependency on hospital services, in favour of providing more integrated community based support, such as reablement, early intervention and prevention;
 - Promote seven day working across health and care services;


- Promote care which is planned around the individual, with improved care planning and data sharing across agencies.


Financial Position at the end of Q2 2016/17


8. The BCF spending plan totals £39.4m in 2016/17. This comprises of minimum contributions from partners of £39.1m as notified by Government, and an additional locally agreed £0.3m allocation from the Health and Social Care Integration Earmarked Fund.
9. The current financial position at the end of quarter two was that a small underspend was being forecast in the BCF plan. This was mainly as a result of a negotiated reduction in contract values for a number of services in the plan.
10. At this point in the financial year, the expectation remains that the whole £39.4m will be spent.
11. A risk pool of £1m has been created within the BCF which is accessed if the planned reduction of emergency admission is not achieved. The BCF plan also contains a general contingency of £1m. The risk pool and contingency are reviewed on a quarterly basis to ensure that they remain appropriate to the level of financial risks.
12. At the end of quarter two, it was agreed to release the full £1m set aside for under delivery against the emergency admissions risk pool. It should be noted that by the end of October, the BCF had delivered the level of avoided emergency admissions that was set for 2016/17. Therefore this was not due to an underperformance of the target, however due to the continued over performance in terms of emergency admissions activity affecting both Clinical Commissioning Groups (CCG), the risk pool was still need to off-set the cost of this additional activity.
13. It was also agreed that the general contingency (£570k) and uncommitted reserve funding (£769k) be released back to West Leicestershire CCG in recognition that these funds were not committed within the BCF during 2016/17.
14. It was acknowledged that releasing these reserves now would eliminate the opportunity for these to be included in the contingencies/reserves for the BCF budget in 2017/18. Therefore all partners would need to accept the risk this poses to headroom within the BCF next year and have a shared plan for mitigations.
15. The Help to Live at Home (HTLAH) contingency pool includes £1m for potential non-achievement of QIPP savings in 2017/18 and a further £0.75m for non-achievement of MTFS savings. This contingency will be reviewed during December. It will not be possible to assess delivery of HTLAH savings against targets until at February/March 2017.

Performance against BCF Outcome Metrics at the end of Q2 2016/17


16. The BCF plan is measured against six outcome metrics. The following table explains the definition of each metric, the rate of improvement that is being aimed for, and progress at the end of quarter one.


National Metric (1)	Definition	Trajectory of improvement
 <p>Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population</p>	<p>This is a nationally defined metric measuring delivery of the outcome to reduce inappropriate admissions of older people to residential care.</p>	<p>The target for 2016/17 has been set at 606.4 per 100,000. This equates to fewer than 827 admissions in 2016/17.</p> <p>Quarter one and two data suggests 826 admissions in 2016/17 are likely.</p> <p><u>On track to achieve target</u></p>


National Metric (2)	Definition	Trajectory of improvement
 <p>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</p>	<p>This is a nationally defined metric measuring delivery of the outcome to increase the effectiveness of reablement and rehabilitation services whilst ensuring that the number of service users offered the service does not decrease.</p> <p>The aim is therefore to increase the percentage of service users still at home 91 days after discharge.</p>	<p>The target for 2016/17 has been set at 84.2%.</p> <p>The target was set low because of the re-contracting of homecare services, including reablement, implemented in November 2016. It is anticipated that this may cause a temporary fall in performance.</p> <p>Quarter two data shows a rate of 90.3%</p> <p><u>On track to achieve target</u></p>

National Metric (3)	Definition	Trajectory of improvement
 <p>Delayed transfers of care from hospital per 100,000 population (average per month)</p>	<p>This is a nationally defined metric measuring delivery of the outcome of effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.</p> <p>The aim is therefore to reduce the rate of delayed bed days per 100,000 population.</p>	<p>Reductions during 2015 in delays have focussed on interventions in the acute sector. Therefore the target was set based on reducing the number of days delayed in non-acute settings by 0.5%, while maintaining the rate of days delayed in acute settings at its current low level. The targets are quarterly and are 236.66, 231.91, 214.66, and 312.19 for quarters one to four of 2016/17 respectively.</p> <p>At the end of quarter two the BCF DTOC metric was 357.19 against a target of 231.91.</p>

		<p><u>Deteriorating performance</u></p> <p>A project is underway to provide assurance that delays are being accurately reported and to align reporting and targets for this metric across the health and social care system.</p> <p>A new model of integrated in-reach to support hospital discharge has been approved and is in the process of being implemented.</p>
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National Metric (4)	Definition	Trajectory of improvement
 <p>Non-Elective Admissions (General & Acute)</p>	<p>This is a nationally defined metric measuring the reduction in non-elective admissions which can be influenced by effective collaboration across the health and care system.</p> <p>Total non-elective admissions (general and acute) underpin the payment for performance element of the Better Care Fund.</p>	<p>The target for 2016/17 is 724.37 per 100,000 per month, based on a 2.49% reduction on the probable number of non-elective admissions for patients registered with GP practices in Leicestershire for 2015/16 (allowing for population growth).</p> <p>This equates to a combined trajectory of 1,517 avoided admissions within the BCF schemes targeted at avoiding emergency admissions.</p> <p>Despite BCF admission avoidance schemes performing well and already achieving the target of 1,517 avoided admissions this financial year, the number of non-elective admissions continues to rise. System-wide plans are being delivered or developed as part of BCT, STPs and Vanguard plans to stem the rise in non-elective admissions.</p> <p>For the period Apr-Sep 2016 there have been 30,278 non-elective admissions, against a target of 29,393 - a variance of 885. Furthermore, the forecast for the end of the 2016/17 financial year is that there could be 61,547 admissions, against a target of 58,896. This would be RAG-rated as amber. The RAG rating allows a difference of up to</p>

		10% to be rated amber. <i>No improvement in performance</i>
National Metric (5)	Definition	Trajectory of improvement
 <p>Improved Patient Experience</p>	<p>Selected metric for BCF Plan from national menu: - taken from GP Patient Survey: “In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)? Please think about all organisations and services, not just health.” The metric measures the number of patients giving a response of "Yes, definitely" or "Yes, to some extent" to the above question in the GP Patient Survey in comparison to the total number of responses to the question.</p>	<p>This target was set at 62.2% for 2016/17. This is based on the 2015/16 target and a 2% increase in the number of positive replies.</p> <p>Current performance is 63.6% (as at July 2016).</p> <p><u>On track to achieve target.</u></p>

Local Metric (6)	Definition	Trajectory of Improvement
 <p>Injuries due to falls in people aged 65 and over</p>	<p>This is a locally defined metric measuring delivery of the outcome to reduce emergency admissions for injuries due to falls in people aged 65 and over.</p>	<p>A realistic target was set for 2016/17 which holds the number of falls in the 65-79 age group at the 2015/16 level, while reducing those in the 80+ population by 5% allowing for population growth. The target is 419.27 per 100,000 per quarter.</p> <p>Q2 activity shows a rate of 374.0 which is rated green against the target.</p> <p><u>On track to achieve target</u></p>

Progress against BCF national conditions

17. The revised policy framework and technical guidance for 2016/17 indicates that BCF plans must demonstrate assurance regarding the following:
 - Delivery against five national BCF metrics and a locally selected metric (see para 16);
 - How a proportion of the fund will protect adult social care services;
 - How data sharing and data integration is being progressed using the NHS number;
 - How an accountable lead professional is designated for care planning/care coordination;
 - Delivery of Care Act requirements;
 - How a proportion of the fund will be used to commission care outside of hospital;
 - How seven day services will be supported by the plan;
 - That the impact on emergency admissions activity has been agreed with acute providers;
 - That there is a locally agreed proactive plan to improve delayed transfer of care from hospital;
 - That Disabled Facilities Grant allocations within the BCF will be used to support integrated housing solutions including the delivery of major adaptations in the home.
 - Approval of the BCF plan by all partners being assured via the local Health and Wellbeing Board.

18. The Leicestershire BCF plan, through work during 2015/16 and to date during 2016/17, has been able to provide assurance that most of the national conditions of the plan have been met.

19. The exception to this is the question 'are support services, both in the hospital and in primary care, community and mental health settings available seven days a week to ensure next steps in the patient care pathway, as determined by the daily consultant-led, can be taken'.

20. It was agreed at this stage to state that this national condition was still in progress. This was due to the fact that work is still underway on the Leicester, Leicestershire and Rutland urgent care redesign. As this will be implemented in April 2017, it was reported that the national condition will be fully met by September 2017, to allow time for the changes to embed in.

21. The Integration Programme stakeholder presentation (available in Appendix A) provides further information on the progress against the BCF national conditions.

Process to submit the BCF quarterly report to NHS England

22. The BCF Operationalisation Guidance required that a quarterly performance template was submitted to NHS England by 25th November 2016, summarising the final position for quarter two 2016/17.

23. The appropriate representatives of the Integration Executive reviewed the completed template on 24th November and submitted the required information to NHS England on 25th November on behalf of the Health and Wellbeing Board.

Recommendation

24. The Board is recommended to note the contents of the report and that the quarter two 2016/17 BCF return was approved by representatives on the Integration Executive on 24th November, and submitted to NHS England on 25th November.

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Relevant Impact Assessments

Equality and Human Rights Implications

25. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
26. An equalities and human rights impact assessment has been undertaken which is provided at: http://www.leics.gov.uk/better_care_fund_overview_ehria.pdf

Partnership Working and associated issues

27. 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.
28. 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.
29. 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 five year plan to transform health and care in Leicestershire, known as Better Care Together <http://www.bettercareleicester.nhs.uk>

Appendix

Appendix A – Integration Programme Stakeholder Presentation

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