Agenda Item 19

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 16 MARCH 2017

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND QUARTERLY PERFORMANCE REPORT

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?Cld=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 Q3 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 three 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. At a meeting between the Chief Finance Officers of Leicestershire County Council (LCC), East Leicestershire and Rutland Clinical Commissioning Group (CCG) and West Leicestershire CCG it was agreed that:

    - The CCG element of the contingency (£1m) will be released back to both CCGs in 2016/17.
    - Any issues arising from the HTLAH project that impacts on the CCG's finances in 2017/18 will be addressed through the use of CCG funds and will not impact on the BCF.
    - The remaining £0.75m will continue to be used by LCC to offset the risk of achieving MTFS savings.
    - The section 75 agreement will be amended to reflect the changes.

Performance against BCF Outcome Metrics at the end of Q3 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 three.

National Metric (1)	Definition	Trajectory of improvement
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	This is a nationally defined metric measuring delivery of the outcome to reduce inappropriate admissions of older people to residential care.	The target has been set at a rate of 606.4 per 100,000 per population aged 65+. This equates to 827 or fewer admissions in 2016/17. In 2015/16 there were 860 permanent admissions to residential care. Based on April – December data for 2016/17, the current forecast is for 848 admissions this year, a rate of 621.80 per 100,000 population. While this will not meet the target, it is an improvement on 2015/16 performance. *On track for improved performance, but not to meet full target*

National Metric (2)	Definition	Trajectory of improvement
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	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. The aim is therefore to increase the percentage of service users still at home 91 days after discharge.	The target for 2016/17 has been set at 84.2%. The latest data, based on admissions to reablement in August – October and followed up in November – January, shows a success rate of 87.0%. *On track to achieve target*

National Metric (3)	Definition	Trajectory of improvement
Delayed transfers of care (DTOC) from hospital	This is a nationally defined metric measuring delivery of the outcome of effective joint working of hospital services (acute, mental	Reductions during 2015/16 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

per 100,000 population (average per month)	health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. The aim is therefore to reduce the rate of delayed bed days per 100,000 population.	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. At the end of quarter three the BCF DTOC metric was 382.17 against a target of 214.66. Targets for the first three quarters of 2016/17 have been missed. The targets were based on good performance in 2015/16 but numbers have increased in 2016/17. However, benchmarking against East Midlands and CIPFA statistical neighbours shows that we have been in the top quartile for performance for each quarter. *No improvement in performance* There are a number of system challenges that have affected this position, which is a marked deterioration from the improvements made last year. • Volumes of attendances and admissions at UHL have continued to rise, which has created pressure on the health and care system overall, including the consequences of increased activity on hospital discharge. • Delays in CHC assessments and problems with the discharge to assess pathway have affected the ability to place NHS funded care packages out of hospital in a timely manner. • A task and finish group has been established to work on system wide discharge data, as there are a number of concerns about data flows, data quality, and there is a need to provide one consolidated, integrated set of data/dashboards for the A&E Delivery Board. The Discharge Working Group (a sub group of the A&E Delivery Board) oversees the ongoing action plan to improve hospital discharge across all settings of care including out of county acute sites.

		• A new domiciliary care contract went live in Leicestershire on 7th November (Help to Live at Home). In the weeks leading up to the new service existing providers were less inclined to take new cases, which created delays in placing home care packages, and in the week before go live one of the new providers exited the process. This displaced 189 existing home care service users who were due to transition to this provider, requiring the council to enact contingency planning. During October and November this has had a knock on effect to system flow overall which again has not helped the position in terms of DTOC. Intensive work continues to resolve and stabilise home care capacity at the time of writing this report.

National Metric (4)	Definition	Trajectory of improvement
 **Non-Elective Admissions (General & Acute)**	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. Total non-elective admissions (general and acute) underpin the payment for performance element of the Better Care Fund.	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). This equates to a combined trajectory of 1,517 avoided admissions within the BCF schemes targeted at avoiding emergency admissions. 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 STP plans to stem the rise in non-elective admissions. The target for non-elective admissions in 2016/17 was 59,030 or 724.37 per 100,000 population per month. The current forecast, based on April – December data, for 2016/17 is for 61,424 admissions, or 753.75 per 100,000 population per month. *No improvement in performance*

National Metric (5)	Definition	Trajectory of improvement
Improved Patient Experience	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."	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. Current performance is 63.6% (as at July 2016). *On track to achieve target*

Local Metric (6)	Definition	Trajectory of Improvement
Injuries due to falls in people aged 65 and over	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.	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. The target for emergency admissions for injuries due to falls has been set at 2,287 or fewer admissions, or 1,677.07 per 100,000 population aged 65+. This equates to a monthly rate of 139.76. Our latest estimate, based on April – November data is for 1,911 admissions in 2016/17, a rate of 1,401.24 per 100,000 population. A business case to change the pathway in 2017/18 is being prepared. If approved, this should improve things further still. *On track to achieve target*

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.

Process to submit the BCF quarterly report to NHS England

21. The BCF Operationalisation Guidance required that a quarterly performance template was submitted to NHS England by 3rd March 2017, summarising the final position for quarter three 2016/17.

22. The appropriate representatives of the Integration Executive reviewed the completed template by 2nd March and submitted the required information to NHS England on 3rd March on behalf of the Health and Wellbeing Board.

Recommendation

23. The Board is recommended to note the contents of the report and that the quarter three 2016/17 BCF return was approved by representatives on the Integration Executive by 2nd March, and submitted to NHS England on 3rd March.

Officer to Contact

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Relevant Impact Assessments

Equality and Human Rights Implications

24. 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.

25. An equalities and human rights impact assessment has been undertaken which is provided at:
http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf

Partnership Working and associated issues

26. 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.

27. 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.

28. 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