

HEALTH AND WELLBEING BOARD: 24 MAY 2018**REPORT OF DIRECTOR OF HEALTH AND CARE INTEGRATION****BETTER CARE FUND Q4 2017/18 PERFORMANCE****Purpose of report**

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

Policy Framework and Previous Decisions

2. The BCF policy framework was introduced by the Government in 2014, with the first year of BCF plan delivery being 2015/16. The County Council's Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
3. The Board received papers on the Delayed Transfers of Care (DTC) performance at its meeting on 16th November 2017, 25th January 2018 and 22nd March 2018
4. NHS England issued BCF implementation guidance for 2017-19 in July 2018 <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/> which sets 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 Leicestershire BCF Plan for 2017-19 was submitted on 8th September 2017 to NHS England. Confirmation was received on 20th December 2017 that the plan was fully approved.
6. The purpose of the BCF is to transform and improve the integration of local health and care services, in particular to:
 - a. Reduce the dependency on hospital services, in favour of providing more integrated community based support, such as reablement, early intervention and prevention;
 - b. Promote seven day working across health and care services;
 - c. Promote care which is planned around the individual, with improved care planning and data sharing across agencies.

Financial Outturn for 2017/18

7. The BCF expenditure plan totalled £52.1m in 2017/18. This was made up of the following income streams:

<u>BCF Approved Budget</u>	<u>WLCCG</u>	<u>ELRCCG</u>	<u>LCC/DC</u>	<u>Total</u>
	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>
CCG Minimum Contributions	20,843	15,838	Nil	36,682
CCG Additional Contribution	1,367	1,195	Nil	2,563
Disabled Facilities Grants	Nil	Nil	3,350	3,350
Improved BCF (IBCF)	Nil	Nil	9,526	9,526
Total Funding	22,210	17,034	12,876	52,120

8. The actual outturn for 2017/18 was for £51.9m, with the £253,000 underspend released back to CCGs by agreement to off-set other system/financial pressures. The expenditure plan included a £2m contingency and cost improvement allocation.

Performance against BCF Outcome Metrics at the end of 2017/18

9. The BCF plan is measured against four outcome metrics. For Leicestershire, progress against the key targets is shown in Appendix A.
10. The BCF target for the number of **permanent admissions of older people into residential and nursing care homes** was not achieved during 2017/18. There were 920 admissions in 2017/18; a 6% increase on the previous year. The council is looking to increase the provision extra care and supported living places to reduce reliance on residential care and to offer more choice and independence.
11. The target for the **proportion of older people who were still at home 91 days after discharge** was statistically similar to the target but fell just short of the target. During the past 12 months, performance has varied from 84% (Feb-Apr 2017 discharges) to 92% (Jul-Sept discharges). Final performance is based on Oct-Dec 2017 discharges.
12. The overall performance on **emergency admissions** continues to be challenging for the whole of Leicester, Leicestershire and Rutland (LLR). The new model of urgent care, which the BCF contributes towards, was commissioned with effect from April 2017 across LLR. However, the rate of admissions for Leicestershire has not reduced during 2017/18. For the period April 2017 to March 2018 there have been 67,068 non-elective admissions, against a target of 60,582 – a variance of 6,486. A proportion of the over-performance was due to a significant coding and counting change in the Children's Assessment Unit.
13. There has been considerable concern around **Delayed Transfers of Care (DTC)** performance during 2017/18. The NHS England Mandate for 2017/18 set a target for reducing DTCs to 3.5% of occupied consultant bed days by November 2017. For Leicestershire, this equated to DTCs not exceeding 6.8 in every 100,000. The table below highlights current performance across LLR and health and social care sectors.

Leicestershire's DTOC performance – days delayed per day per 100,000 of 18+ population

	NHS Delays	LA Delays	Joint	Total
Target for November 2017	3.78	1.33	1.73	6.84
Performance at November 2017	5.80	1.20	0.99	8.00
Performance at March 2018	6.12	0.37	0.65	7.14

14. Despite not meeting the national target for 2017/18, health and care partners across LLR have worked tirelessly to deliver significant, measureable improvements to transfers out of hospital and reduce DTOCs, achieving a stepped change in performance. There has been a system-wide approach across partners, which the BCF contributes towards and significant levels of BCF and Improved BCF funding allocated to supporting managing transfers of care.
15. Overall during 2017/18, there were 18,000 days lost to delayed transfer of care for Leicestershire residents; a 21% reduction on 2016/17.
16. For delayed days specifically attributable to adult social care (ASC) there were 2,261 days during 2017/18 – a reduction of 24% on 2016/17. The breakdown of ASC delays showed that during 2017/18 there was a reduction of 74% at University of Leicester, 8% at Leicestershire Partnership Trust and 36% at hospitals outside of the county.

Overall Achievements of the Leicestershire BCF Plan 2017/18

17. The implementation of the integration programme in Leicestershire continues at pace.
18. An interactive presentation can be found at this web link (<https://prezi.com/view/4S3DihUulx4Oo860Mrfu/>) which highlights the achievements of the BCF over the past two years.
19. The following is a summary of the highlights:
20. **Unified Prevention Offer** – in Leicestershire, work is being completed to develop a co-designed prevention offer that wraps around people, communities and locality teams, targeted to maintaining wellbeing and independence. This involves working with a range of partners to provide preventative services along with local coordination in communities to ensure that vulnerable people have better access to information, support and advice to help them stay well and independent and avoid reaching crisis point. The BCF has helped to bring together the work of District/Borough Councils, the County Council, local NHS providers and CCGs to achieve this.
21. Work has begun to develop the social prescribing model as the wrap around prevention offer to support Integrated Locality Teams (ILT). The ILT's will initially focus around three cohorts of needs; people with long-term conditions, those who are frail and patients that are high cost service users.

22. The prevention model will include universal services, targeted services and locality based services. Building the locality part of the prevention offer will be done in conjunction with voluntary sector organisations and led by Health Leads in District Councils.
23. **First Contact Plus** aims to support residents of Leicestershire aged 16+ to access low level preventative services via direct referral, signposting or by information and advice. This can be done by phone or via the web (www.firstcontactplus.org.uk). There is the capacity for 300+ teams/organisations in Leicestershire to make referrals to First Contact Plus for some of their most vulnerable customers. First Contact Plus has 93 pathways to partners' services covering all seven districts of Leicestershire. Customers can also self-refer.
24. From a recent service evaluation we know that 85% of referrals made to partner agencies result in services being delivered. A total of 99.5% of customers were happy with the information provided by First Contact Plus during the triage call and 93% of customers were happy with services delivered by partner organisations.
25. The county-wide roll-out of the award winning **Lightbulb integrated housing support service** took place on 2nd October 2017. The service is a pioneering programme which aims to make it easier to find and receive practical housing support to live at home. The overall ambition of the programme is to maximise the contribution that housing support can play in keeping vulnerable people independent in their own homes, helping to avoid unnecessary hospital admissions or GP visits and facilitating timely hospital discharge.
26. Part of the Lightbulb service is the **Hospital Housing Enablement scheme** which focuses on people being discharged from hospital. The service aims to enable patients to settle back into a safe home as quickly as possible when they are medically ready to be discharged. The scheme places housing specialists within the acute and mental health hospital sites, to work with the patient and hospital staff to identify housing issues that are a barrier to discharge and then puts in place the right steps so patients can return home as soon as possible. It also enables ongoing support once they are home, including help with furniture and access to benefits. In addition to the benefits to patients themselves, the Hospital Housing Enablement scheme showed that it significantly reduced the cost of housing related delays during the pilot phase of the project.
27. **Assistive Technology (AT)** – an options appraisal report was produced in 2017 which outlined the key activities that would need to be considered to enable the county council and other partners to specify priorities for AT in the home, and consider how new technologies might be deployed to replace traditional call button/pull cord based services.
28. Partners have since specified their requirements for AT which are being used to inform initial exploratory discussions with suppliers and an invitation to demonstrate their products and latest innovations in July 2018.
29. In developing the future strategy for AT in the home, the work will also consider how solutions align with developments within the LLR Digital Roadmap.

30. A **new dementia service** was procured across LLR during 2017, which launched in October 2017. The service offers pre and post diagnostic support and guidance for people with memory issues and/or diagnosis of dementia and to offer support and guidance also to carer(s). The service also provides support to health and social care professionals through good partnership working and establishment of proactive relationships.
31. The **Health and Social Care Protocol** to date training for staff using this protocol has been delivered by classroom style training. New models of training have been considered to address a number of issues with the existing training programme, e.g. the training is quite lengthy and providers have been finding it difficult to release staff. A new eLearning module has been developed with the Learning and Development Team so that some of the training can be delivered in this way. The module is currently being reviewed and formally approved, with the aim of launching it in May 2018. Further modules will be considered in the future.
32. **LLR redesigned falls pathway** –the redesigned pathway uses a specialist therapist to first triage suitable patients to a specialist therapy service, other patients would be onward referred to consultant falls clinics. As a result, waiting times have fallen from an average 42 weeks from referral to treatment, (if a falls treatment service intervention is appropriate) to two weeks; if a referral to the consultant falls clinic is appropriate patients are waiting on average 11 weeks compared to 24 weeks previously. In addition, East Midlands Academic Health Science Network programme of falls prevention activities is expected to go live across LLR in August 2018. The programme will raise awareness, identify those at risk of future falls, provide information and through a screening tool direct those most at risk of future falls to suitable services.

BCF PLANNING FOR 2018/19

33. The BCF Plan for 2017-19 was submitted to NHS England on 8th September 2017, in line with the national BCF timetable.
34. NHS England has confirmed that national BCF technical guidance for 2018/19 will be published soon. They have previously reported that the BCF outcome metrics will need to be updated but the narrative and expenditure plans do not have to be re-submitted.
35. The main focus will be on setting a new DTOC target for 2018/19. It is anticipated NHS England will be looking to set a more ambitious national target than in 2017/18. There will also be an opportunity, although not a mandatory requirement, to review the other BCF outcome metrics and decide whether these should be updated.
36. At the time of writing this report, the BCF guidance has not been published. An update will be provided at the meeting if this position has changed.

Recommendation

37. The Health and Wellbeing Board is asked to note the contents of the report.

Circulation under the Local Issues Alert Procedure

None.

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Appendix

Better Care Fund Metrics as at March 2018

Relevant Impact Assessments

Equality and Human Rights Implications

38. 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.
39. 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>. This finds that the BCF will have a neutral impact on equalities and human rights.
40. A review of the assessment was undertaken in March 2017.

Partnership Working and associated issues

41. 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.
42. 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.
43. 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 the Sustainability and Transformation Partnerships <http://www.bettercareleicester.nhs.uk/>

Appendix – Better Care Fund Metrics as at March 2018

Metric	Target	Latest Data	RAGed data	Data RAG	Trend	Aim / Polarity	DOT	Commentary
METRIC 1: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year	630.6	57.39	659.7	A		Good performance is represented by a fall in the figures	↔	The RAGed data shows the March forecast for 2017/18, based on CPLIs. The BCF target for 17/18 is a maximum of 879 admissions. The current full year forecast is 920 admissions (or 659.7 per 100,000 population). Performance is RAG-rated amber and is statistically similar to the target with a lower confidence interval of 617.76 and a upper confidence interval of 703.77
METRIC 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	87.0%	n/a	86.1%	A		Good performance is represented by a rise in the figures	↓	For hospital discharges between Oct and Dec-17, 86.1% of people discharged from hospital into reablement / rehabilitation services were still at home after 91 days. This is just below the 17/18 target of 87. Performance is RAG-rated amber and is statistically similar to the target with a lower confidence interval of 83.0 and a upper confidence interval of 88.7.
METRIC 3: Delayed transfers of care from hospital per 100,000 population	210.7	n/a	221.40	A		Good performance is represented by a fall in the figures	↑	In March there were 1,218 days delayed, a rate of 221.40 per 100,000 population against a target of 210.70. This is RAGed as amber and is statistically similar to the target, with a lower confidence interval of 209.14 and upper confidence interval of 234.19. From July NHS England targets apply for the overall rate, and the different attributable organisations (NHS, social care, and jointly attributable). 85.7% of these delays were attributable to the NHS, 5.2% attributable to Social Care and 9.1% Jointly attributable.
METRIC 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month	737.92	816.92	895.88	R		Good performance is represented by a fall in the figures	↔	For the period Apr-17 to Mar-18 there have been 67,068 non-elective admissions, against a target of 60,582 - a variance of 6,486. This is RAG-rated as red. The monthly RAG rating is red and performance of 895.88 is statistically significantly worse than the target of 737.92, with a lower confidence interval of 873.65 and an upper confidence interval of 918.53.

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