

HEALTH AND WELLBEING BOARD: 14 MAY 2015

REPORT OF THE DIRECTION OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND (BCF) QUARTERLY PERFORMANCE REPORTING

Purpose of Report

1. The purpose of this report is to provide the Health and Wellbeing Board with assurance on the quarterly reporting requirements for the Better Care Fund including the pay for performance element of the fund, which is linked to achieving reductions in emergency admissions.

Policy Framework and Previous Decisions

2. The Health and Wellbeing Board approved Leicestershire's Better Care Fund Plan in September 2014.
(<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3984&Ver=4>)
3. The day to day delivery of the Better Care Fund is overseen by the Leicestershire Integration Executive per the TORs agreed by the Health and Wellbeing Board in March 2014.
(<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3981&Ver=4>)
4. NHS England issued BCF implementation guidance on 20th March 2015 (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) 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.
5. In March 2015 Leicestershire County Council and the county clinical commissioning groups entered into a Section 75 Agreement to govern the Better Care Fund Pooled budget, with the agreement coming into effect on April 1st 2015:
 - Cabinet – 15th April 2015
[http://politics.leics.gov.uk/Published/C00000135/M00003992/AI00038821/\\$8B CFSection75Agreementv5Cabinetreport15July2014.docxA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003992/AI00038821/$8B CFSection75Agreementv5Cabinetreport15July2014.docxA.ps.pdf)
 - East Leicestershire and Rutland CCG – 17th March 2015
http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/March2015_Papers%20Governing%20Body.pdf
 - West Leicestershire CCG – 31st March 2015
<http://www.westleicestershireccg.nhs.uk/page/extra-ordinary-board-meeting-31-march-2015>
6. In April 2015 the Clinical Commissioning Groups submitted operating plans to NHS England demonstrating the commitment to reduce emergency admissions associated

with the BCF.. These documents confirm the level of emergency admissions that have been contracted for with acute NHS providers in 2015 on this basis.

Background

7. In line with national requirements, the September 2014 submission of Leicestershire's BCF Plan included a target to reduce the number of emergency admissions by 3.5% during 2015.
8. At that time, total predicted emergency admissions for January to December 2015 were 54,594 with a target reduction through the Better Care Fund interventions of 1,911 (3.5%) to 52,683.
9. As the total amount of emergency admissions actually increased during 2014/15 (a trend experienced nationally), it was agreed to amend the 2015 target using revised baseline data.
10. The revised target continues to represent a 3.5% reduction, however using the new baseline this means a reduction from 58,314 to 56,273 total emergency admissions is needed through the Better care Fund interventions, which equates to a reduction of 2,041 admissions.
11. This amended baseline was recommended by the Integration Executive in February 2015, and approved by the Health and Wellbeing Board in March 2015 and has been reflected in CCG operating plans.

Analysis of Current Performance (Provisional Data)

12. The first national reporting period for reducing emergency admissions via the Better Care Fund is for the period January to March 2015, with a reporting date for this period of May 29th 2015.
13. At the time of writing this report the full, final validated data set for the period January to March 2015 is not yet available as the final, validated NHS acute activity information for the period January to March 2015 is not expected to be available until 15 May 2015.
14. In the meantime work has been undertaken using locally available interim data to estimate overall performance against the pay for performance metric for the period January to March 2015.
15. This **provisional data** shows that the total number of emergency admissions are estimated to be 310 admissions above the planned/contracted for levels for Leicestershire's population for the quarter.
16. It should be noted that there are multiple factors that affect the total number of emergency admissions within Leicestershire by quarter, not all of which can be influenced by/mitigated by the interventions in Leicestershire's Better Care Fund Plan.
17. This particular quarter includes the impact of the large spike in hospital activity experienced nationally during the winter of 2014/15.

18. However, if the activity trend seen in the first quarter continues, the forecast is that up to 58,921 emergency admissions could occur in 2015 in Leicestershire, which is 2,648 above the planned activity total of 56,273 by December 2015.

19. The table below summarises the provisional data and illustrates the impact of the data, if the provisional performance data between January to March is assumed to be accurate, and is then replicated by quarter until the end of December.

Total Emergency Admissions	<u>Jan to Mar</u> 2015	<u>Apr to Jun</u> 2015	<u>Jul to Sep</u> 2015	<u>Oct to Dec</u> 2015	<u>Total</u>
Planned Activity	13,746	13,909	14,209	14,409	56,273
Forecast Activity	14,056	14,665	14,947	15,253	58,921
Activity Variance	310	756	738	844	2,648

20. Leicestershire's Better Care Fund plan includes four schemes which together are targeted to reducing emergency admissions by 2,041 between January and December 2015. These are:

- Rapid response falls service
- 7 day working in primary care
- Rapid assessment older person's unit (Loughborough)
- Integrated health and care crisis response

21. Each scheme has been allocated a proportion of the 2,041 emergency admissions.

22. Between January and March 2015 these schemes are estimated to have avoided 384 emergency admissions compared to a target of 486. These figures are based on specific clinical definitions for avoiding an admission, and a set of agreed performance data is being captured to assess the impact by scheme by month.

23. The data arising from the 4 schemes will be independently evaluated during 2015 including through the research study being undertaken in partnership with Loughborough University and Leicestershire Healthwatch.

24. If the data is assumed to be accurate, and performance continues on the same basis by quarter, the number of avoided admissions for 2015 associated with the Better Care Fund interventions is estimated to be 1,790, compared to the overall reduction required of 2,041 required by December 31, 2015.

25. Further actions to increase the performance of the four existing schemes, (and consider if any other schemes should be added to enhance performance in year) are being assessed by the Better Care Fund operational group on the 14th May. Recommendations will be made to the Integration Executive on the basis of this work at their meeting on May 28th at which time the validated data set for January to March 2015 will also be available for the Executive to consider.

Process to submit the first BCF quarterly report to NHS England

26. The BCF Operationalisation Guidance requires that a quarterly performance template is submitted to NHS England by May 29th 2015, summarising emergency admissions performance in the first quarter.
27. The template also requires the provision of information on a number of other Better Care Fund metrics which include:
- Permanent admissions to residential care
 - Effectiveness of reablement
 - Delayed transfers of care
 - Patient experience
 - Emergency admissions for injuries due to falls (local metric)
28. The template for reporting to NHS England has been issued in draft form allowing officers to make some preparations, but NHS England have indicated this template may be subject to further changes and is not expected to be published in its final form until May 8th 2015.
29. On May 7th Clinical Commissioning Groups and Leicestershire County Council partners will meet to review the performance and finance information associated with the pooled budget. Officers will then prepare the information needed for the first quarterly submission following the publication of the template on May 8th and the receipt of the validated data for the period January to March on 15th May.
30. The Integration Executive will review the completed template at their meeting on May 28th and submit the required information to NHS England on May 29th on behalf of the Health and Wellbeing Board.
31. Further assurance on this submission, including a copy of the submitted template will follow at the July meeting of the Health and Wellbeing Board.

Financial Implications

32. The pay for performance element of the Better Care Fund totals £3m. Clinical Commissioning Groups will pay this into the Better Care Fund on a proportionate basis relative to the actual reduction in emergency admissions during 2015.
33. Based on the current forecast to December 2015, the amount payable would be £2.7m, equivalent to 1,790 avoided admissions leaving a funding shortfall of £0.3m.
34. As part of financial planning for the Better Care Fund, a contingency of £2.8m has been set aside to deal with any potential underperformance against the reduction in the emergency admissions target.
35. Any funding shortfall will therefore be offset against this contingency to ensure that the delivery of the Better Care Fund Plan is fully funded in 2015/16.

Recommendation

36. The Board is recommended to note the contents of the report and approve the process for submitting the first quarterly return to NHS England on May 29th.

Officer to Contact

Cheryl Davenport
Director of Health and Care Integration (Joint Appointment)
Cheryl.davenport@leics.gov.uk
0116 305 4212

Relevant Impact Assessments

Equality and Human Rights Implications

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

Partnership Working and associated issues

38. The delivery of the Better Care Fund 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 Better Care Fund 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/>