

HEALTH AND WELLBEING BOARD: 7 JANUARY 2016

REPORT OF THE DIRECTION 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 quarterly reporting requirements for the Better Care Fund (BCF) 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 BCF 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 BCF 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>)
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 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 BCF 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/\\$8BCFSection75Agreementv5Cabinetreport15July2014.docxA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003992/AI00038821/$8BCFSection75Agreementv5Cabinetreport15July2014.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 BCF 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

12. The third national reporting period for reducing emergency admissions via the BCF is for the period July to September 2015, with a reporting date for this period of November 27th 2015.
13. The data shows that the total number of emergency admissions is estimated to be 518 admissions above the planned/contracted for levels for Leicestershire's population for the quarter.
14. 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 BCF Plan.
15. If the activity trend seen in the first three quarters continues, the forecast is that up to 58,935 emergency admissions could occur in 2015 in Leicestershire, which is 2,662 above the planned activity total of 56,273 by December 2015.
16. The table below summarises the actual/provisional data to date:

Total Emergency Admissions	Jan to Mar 2015	Apr to Jun 2015	Jul to Sep 2015	Oct to Dec 2015 (forecast)	<u>Total</u>
Planned Activity	13,746	13,909	14,209	14,409	56,273
Forecast Activity	14,303	14,657	14,727	15,248	58,935
Activity Variance	557	748	518	839	2,662

17. Leicestershire's BCF 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
 - Seven day working in primary care
 - Rapid assessment older person's unit (Loughborough)
 - Integrated health and care crisis response.
18. Each scheme has been allocated a proportion of the 2,041 emergency admissions.
19. Between January and November 2015 these schemes are estimated to have avoided 1,489 emergency admissions compared to a target of 1,867. 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.
20. The data arising from the four schemes will be independently evaluated during 2015 including through the research study being undertaken in partnership with Loughborough University and Leicestershire Healthwatch.
21. If performance continues on the same basis by quarter, the number of avoided admissions for 2015 associated with the BCF interventions is estimated to be 1,620, compared to the overall target of 2,041 by December 31, 2015.

Process to submit the third BCF quarterly report to NHS England

22. The BCF Operationalisation Guidance required that a quarterly performance template was submitted to NHS England by November 27th 2015, summarising emergency admissions performance in the third quarter.
23. The template also required the provision of information on a number of other BCF 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)
24. The Integration Executive reviewed the completed template at their meeting on November 24th and submitted the required information to NHS England on November 27th on behalf of the Health and Wellbeing Board.

Financial Implications

25. The pay for performance element of the BCF totals £3m. Clinical Commissioning Groups will pay this into the BCF on a proportionate basis relative to the actual reduction in emergency admissions during 2015.
26. Following the Integrated Finance and Performance Group in August 2015 (LCC & both CCG finance and planning leads) the following planning assumptions were

agreed in relation to the use of the £3m pay for performance pot and use of the health reserve:

- a. From the £3m pay for performance fund (risk pool) £1m will be retained by the CCGs to recognise over performance in non-elective admissions. The remaining £2m will be paid into the BCF in recognition of the contribution made by the four admission avoidance schemes (1,620 predicted compared to the 2,041 target)
- b. £800k was released from the reserve in 2015/16, by agreement with the CCGs to:
 - Invest in further developments to reduce non-elective admissions and/or
 - Invest in winter resilience.

Recommendation

27. The Board is recommended to note the contents of the report and that the third quarterly return was approved by the Integration Executive on November 24th and submitted to NHS England on November 27th.

Officer to Contact

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Relevant Impact Assessments

Equality and Human Rights Implications

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

Partnership Working and associated issues

29. 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.
30. 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.
31. 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/>