

HEALTH AND WELLBEING BOARD: 10 MARCH 2016

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND REFRESH 2016/17 OVERVIEW

Purpose of Report

1. The purpose of this paper is to provide assurance on the work in progress to refresh the Better Care Fund (BCF) plan for Leicestershire, including the refreshed spending plan, metrics, and narrative so that the plan can be approved by local partners and assured by NHS England in line with the national timetable

Policy Framework and Previous decisions

2. The previous BCF Plan for Leicestershire was approved by the Health and Wellbeing Board in September 2014.
(<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3984&Ver=4>)

Current Position

3. The delayed Annex 4 national technical guidance for the BCF was released on the 23rd February – see <https://www.england.nhs.uk/wp-content/uploads/2016/02/annex4-bcf-planning-requirements-1617.pdf>
4. The guidance confirmed that for areas who have not achieved their target for reduction in emergency admissions during 2015/16 there is an expectation that a risk pool will operate within the 2016/17 BCF plan.
5. The guidance gave further information on the expectations of BCF plans in relation to
 - a. action plans to improve delayed transfers of care;
 - b. how the BCF spending plan should account for spend on NHS out of hospital services, as well as adult social care protected services.
6. National conditions are in place as before e.g. covering 7 day services, integrated data using the NHS number, having an accountable professional for case management and the requirement to have plans agreed by partners including acute providers.
7. National BCF metrics have remained the same for 2016/17. For the patient experience metric we will continue to use the same question from the GP patient survey relating to Long Term Conditions, and we will also continue with the same local BCF metric for Leicestershire which is “reducing the number of emergency admissions due to falls”.
8. The milestones for the submission of the BCF plan through NHS England have been revised due to the late publication of the guidance. The main milestones are:

- 2nd March –submission of BCF planning return template, which details refreshed funding contributions, an initial scheme level spending plan, refreshed metrics and confirmation of local risk pool agreements.
 - 21st March – first submission of the full narrative plans for BCF plan, and a second submission of the BCF planning return template.
 - 25th April – Final submission, with confirmation of approval of the local Health and Wellbeing Board.
9. During March and April assurance of BCF plans will take place with feedback provided from NHSE and Local Government panels operating regionally. Assurance will be assessed in two ways as follows:
- a. How the plan addresses the funding requirements, national conditions and metrics
 - b. Risks to delivery of the plan in the context of the local health and care economy.

The outputs of the assurance process will result in plans being rated either Approved, Approved with Support or Not Approved, and a national moderation process will be in place.

Draft Narrative for BCF Plan Refresh

10. Although there is no national template for the BCF narrative, the expectation is this should be a brief narrative overview of the refreshed plan, demonstrating how the national conditions and metrics for the BCF will be achieved in 2016/17 with assurance on how plans have been co –produced and approved by all partners, ultimately via the Health and Wellbeing Board.
11. A draft narrative is being prepared in readiness for the submission on March 21st. Some of the text from the early draft has already been reflected in the CCG operating plan submission.

First Cut Spending Plan for BCF Refresh

12. Leicestershire’s BCF allocation for 2016/17 has been confirmed as £39.1m, an increase of £0.8m (2%) from 2015/16.
13. An initial refreshed spending plan has been developed through co-production across partners. Evaluation work across the BCF plan to inform the spending refresh was led by the BCF Operational Group, with recommendations reported to the Integration Executive between December and February.
14. The spending plan has been refined further during February between Leicestershire County Council, East Leicestershire and Rutland CCG and West Leicestershire CCG so that the initial BCF submission made on 2nd March demonstrates a balanced plan.
15. As mentioned above, the technical guidance includes a section on risk pool arrangements. It states that where local partners recognise a significant degree of risk associated with the delivery of their 2016/17 plan, for example where emergency admission reductions targets were not met in 2015/16, it is expected local areas will consider a risk pool.

16. On 26th February 2016 LCC and CCG representatives met to consider the spending plan refresh including the trajectories for the BCF schemes for admissions avoidance, the level of assurance on delivery of these schemes, and the level of investment being made in the schemes.
17. The outcome of this meeting was a recommendation of a £1m risk pool for 2016/17, based on a target of 1,750 admissions being avoided through the emergency admissions avoidance components of the 2016/17 BCF plan.
18. The refreshed spending plan includes a number of additional investments that have been proposed and prioritised between partners. These include for example bringing the acute visiting service into the BCF plan with effect from 2016 as a key component of the local delivery of 7 day urgent care services in primary care.
19. Work is in progress with the CCGs to ensure that relevant BCF schemes are captured in CCG commissioning intentions and that schemes are contractualised with specification and are reflected consistently in CCG operating plans, including QIPP plans where applicable.
20. The work to refresh the BCF plan has generated a number of actions to be followed up in the course of 2016/17. This work will be led by the BCF Operational Group.
21. The attached BCF Submission Template at **Appendix 1** was submitted to NHSE on March 2nd and reflects the scheme level breakdown of the 2016/17 BCF, based on the refresh undertaken to date including the financial refresh.

Summary of Metrics and Trajectories for the 2016/17 BCF Plan

22. Metric 1 - Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population. The target for 2016/17 has been set at 630.1 per 100,000, based on the 2015/16 target of 670.4 per 100,000, and a 90% confidence level that the trajectory is decreasing. Current performance is on track to achieve the target for 2015/16.
23. Metric 2 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. The target for 2016/17 has been set at 84.2%, based on the expected level of 82.6% being achieved in 2015/16 and a 75% confidence interval that the trajectory is increasing. The lower confidence interval has been chosen to ensure that the target is realistic and achievable. Performance is currently on track to almost meet the 2015/16 target of 82.0%.
24. Metric 3 - Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+). Work on setting this target is still ongoing. Recent reductions in delays have focussed on interventions in the acute sector, and analysis is being finalised to assess the proportion of our delays in non-acute sites and set a realistic achievable target to reduce these. At present the analysis suggests a 0.5% improvement may be applied to non-acute delays. This will be confirmed in due course.
25. Metric 4 – Total non-elective admissions into hospital (general and acute) per 100,000 population. The proposed target for 2016/17 is 750.2 per 100,000 per month, based on a 3% reduction on CCG plans submitted to Unify 2. This equates to no more than

60,759 admissions in 2016/17. This assumption will need to be aligned with final CCG operational plan targets.

26. Metric 5 – Patient/service user experience. Patients are asked, in the GP survey, if they are satisfied with support to manage long term health conditions. It is proposed to set this target at 63.5% for 2016/17 (data will be released in July 2017). This is based on the 2015/16 target (data due for release July 2016) and a 2% increase in the number of positive replies. Current performance of 61.6% (January 2016) is below the England average of 63%.
27. Metric 6 – Emergency admissions for injuries due to falls in people aged 65 and over, per 100,000 population. It is proposed that this target is set at 139.7 per month, based on the figures for 2014/15 (released February 2016) and the revised target for 2015/16 and a 90% confidence level of a decreasing trajectory. The latest published data (2014/15) shows Leicestershire as having a directly standardised rate significantly better than the England average. Please also note the following with reference to the emergency admissions metric
- a. Refreshed trajectories have been developed for the emergency admissions avoidance schemes implemented in 2015/16 based on learning to date.
 - b. The assumptions for the existing schemes are that only uplifted activity achieved in 2016/17 will count towards the trajectory
 - c. Trajectories have been developed for any new admissions avoidance scheme for 2016/17 for example the new Glenfield scheme.
 - d. The current estimation is approximately 1,750 avoided admissions for 2016/17 are to be achieved through the BCF
 - e. This assumption will be reflected in CCG operating plans, apportioned by CCG by scheme.

The metrics and trajectories information noted above has been reflected in the attached BCF Submission Template (**Appendix 1**) which was submitted to NHSE on March 2nd.

Next Steps

28. Following the release of the technical guidance, the draft narrative plan is being reviewed and finalised to ensure that it meets with all the requirements.
29. In line with usual practice (and the Health and Wellbeing Board and Integration Executive TORs), final edits including feedback from the Health and Wellbeing Board, feedback from NHSE assurance reviews, and any other actions needed in order to complete the final BCF submissions in March and April will be undertaken by the Integration Executive.
30. The final BCF submission will be quality assured at the Integration Executive meeting on 29th March.

Recommendation

31. The Health and Wellbeing Board is asked to:-
- (a) note the BCF refresh update report; and
 - (b) approve the spending plan and metrics as set out in the initial submission to NHS England.

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Relevant Impact Assessments

Equality and Human Rights Implications

1. 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

2. 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.
3. 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.
4. 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/>.