

## **HEALTH AND WELLBEING BOARD: 10 MARCH 2016**

### **REPORT OF THE DIRECTOR 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 as 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 20<sup>th</sup> March 2015  
(<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) 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 – 15<sup>th</sup> 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 – 17<sup>th</sup> March 2015  
[http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/March2015\\_Papers%20Governing%20Body.pdf](http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/March2015_Papers%20Governing%20Body.pdf)
  - West Leicestershire CCG – 31<sup>st</sup> 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 fourth national reporting period for reducing emergency admissions via the BCF is for the period October to December 2015, with a reporting date for this period of February 26<sup>th</sup> 2016.
13. The data shows that the total number of emergency admissions is estimated to be 991 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. 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	14,747	14,808	15,400	59,258
<b>Activity Variance</b>	<b>557</b>	<b>838</b>	<b>599</b>	<b>991</b>	<b>2,985</b>

16. Leicestershire's BCF plan includes four schemes which together were targeted to reduce 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.
17. Each scheme was allocated a proportion of the 2,041 emergency admissions.
  18. Between January and December 2015 the four schemes avoided 1,581 emergency admissions compared to a target of 2,041. The 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.
  19. The data arising from the four schemes was be independently evaluated during 2015 including through the research study being undertaken in partnership with Loughborough University and Leicestershire Healthwatch, which will be reported in March 2016.

### **Process to submit the fourth BCF quarterly report to NHS England**

20. The BCF Operationalisation Guidance required that a quarterly performance template was submitted to NHS England by February 26<sup>th</sup> 2016, summarising emergency admissions performance in the fourth quarter.
21. 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)
22. The Integration Executive reviewed the completed template at their meeting on February 23<sup>rd</sup> and submitted the required information to NHS England on February 26<sup>th</sup> on behalf of the Health and Wellbeing Board.

### **Financial Implications**

23. 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.
24. Following the Integrated Finance and Performance Group in August 2015 (LCC and 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**

25. The Board is recommended to note the contents of the report and that the fourth quarterly return was approved by the Integration Executive on February 23<sup>rd</sup> and submitted to NHS England on February 26<sup>th</sup>.

### **Officer to Contact**

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### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

26. 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**

27. 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.
28. 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.
29. 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/>