Agenda Item 8

HEALTH AND WELLBEING BOARD: 5TH MAY 2016

REPORT OF LEICESTERSHIRE INTEGRATION PROGRAMME

BETTER CARE FUND REFRESH 2016/17

Purpose of report

1. The purpose of this report is to provide an update to the Health and Wellbeing Board on the Better Care Fund (BCF) Plan that has been submitted to NHS England, in line with the national timetable.

2. This report provides an overview of the spending plan and outcome metrics for 2016/17.

Policy Framework and Previous Decisions

3. The BCF policy framework was introduced by the Government in 2014.

4. NHS England published a revised policy framework for 2016/17 on 8th January 2016 which was accompanied by a revised technical guidance document published on 23rd February 2016, both of which have been used to prepare the 2016/17 BCF plan.

5. The production of Leicestershire's refreshed BCF plan for 2016/17 was directed by the Leicestershire Integration Executive between November 2015 and May 2016, and considered by the Health and Wellbeing Board on 10th March 2016.

6. At the Health and Wellbeing Board on 10th March 2016, it was agreed to delegate responsibility for signing off the BCF Plan to the Integration Executive on behalf of the Health and Wellbeing Board.

7. On 30th March 2016 the Health Overview and Scrutiny Committee also received a report on the Better Care Fund plan refresh.

8. On 29th March and 5th April the CCG Governing Bodies considered the BCF plan at their respective Board meetings.

9. On April 26th 2016 the final BCF submission was approved by the Integration Executive, as directed by the Health and Wellbeing Board on 10th March.

Background

10. The purpose of the BCF is to transform and improve the integration of local health and care services, in particular to:

    - Reduce the dependency on hospital services, in favour of providing more integrated community based support, such as reablement, early intervention and prevention;

- Promote seven day working across health and care services;
- Promote care which is planned around the individual, with improved care planning and data sharing across agencies.

Resource Implications

11. The BCF spending plan totals £39.4m in 2016/17. This comprises of minimum contributions from partners of £39.1m as notified by Government (compared with £38.3m in 2015/16), and an additional locally agreed £0.3m allocation from the Health and Social Care Integration Earmarked Fund.

12. The BCF is operated as a pooled budget under section 75 of the NHS Act 2006. The Leicestershire BCF agreement is a rolling agreement approved in July 2014. Assurance is required that the section 75 has been extended for a further 12 months, by June 2016, to meet national BCF requirements.

13. More detail on the funding arrangements is given in paragraphs 22 to 31 of this report.

BCF Assurance Process

14. The assurance process for the refreshed BCF plans has involved regional and national submissions from each Health and Wellbeing Board area to NHS England. These have taken place between February and May 2016.

15. Regional and national assurance is based on assessing the comprehensiveness and quality of the plan against the "key lines of enquiry" assessment tool. There is also an assessment of the risk to plan delivery based on the risks within the local health and care economy.

16. The outcome of the assurance process for the BCF has specific definitions as follows: *Approved, Approved with Support, or Not Approved.*

17. The national timetable for submissions and assurance has been subject to several changes, first caused by an eight week delay in the publication of the national guidance for the BCF for 2016/17, and latterly by adjustments made to the timetable for CCG operating plan submissions (which are aligned to BCF plan submissions).

18. Following initial submissions to NHS England on the 2nd and 21st March, the final stage submission takes place on 3rd May with a view to finalising the section 75 agreement by 30th June.

BCF Narrative Plan

19. The initial draft of the narrative plan was submitted to NHS England on 21st March. Following feedback from the assurance process, a revised plan was submitted to NHS England on 18th April.

20. The narrative provides an overview of the refreshed BCF 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.

21. A copy of the detailed BCF Narrative Plan is provided in appendix 1.

BCF Spending Plan

22. Leicestershire's BCF allocation for 2016/17 has been confirmed as £39.1m, an increase of £0.8m (2%) from 2015/16.

23. 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 Integration Operational Group, with recommendations reported to the Integration Executive between December 2015 and February 2016.

24. The spending plan has been refined further during February and March between Leicestershire County Council, East Leicestershire and Rutland CCG and West Leicestershire CCG, so that the initial BCF submissions demonstrates a balanced plan.

25. The technical guidance included 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.

26. On 26th February 2016, Leicestershire County Council 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.

27. The outcome of this meeting was a recommendation of a risk pool of £1m which will be accessed if the planned reduction of emergency admissions is not achieved, and a further £1m for general contingency.

28. The risk pool and contingency are reviewed on a quarterly basis to ensure that they remain appropriate to the level of financial risk.

29. Work was undertaken 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.

30. The work to refresh the BCF plan has generated a number of actions to be followed up in course of 2016/17. This work will be led by the Integration Operational Group.

31. A copy of the final spending plan is available in appendix 2.

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

32. The following table explains the definition of each of the BCF metrics, and the rate of improvement partners are aiming for in each case. Some metrics rely on data produced annually or quarterly, hence the narrative indicates the likely position based on most recent data available.

National Metric (1)	Definition	Trajectory of improvement
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	This is a nationally defined metric measuring delivery of the outcome to reduce inappropriate admissions of older people to residential care.	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. As part of the development of a four year adult social care strategy, detailed analysis of this metric has taken place and the target set accordingly. In 2014/15 there were 710.5 permanent admissions per 100,000 people. In 2015/16 this is likely to reduce to 669.6 per 100,000 people.

National Metric (2)	Definition	Trajectory of improvement
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	This is a nationally defined metric measuring delivery of the outcome to increase the effectiveness of reablement and rehabilitation services whilst ensuring that the number of service users offered the service does not decrease. The aim is therefore to increase the percentage of service users still at home 91 days after discharge.	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 meet the 2015/16 target of 82.0% As part of the development of a four year adult social care strategy, detailed analysis of this metric has taken place and the target set accordingly. In 2014/15 83.8% of reablement service users were still at home after 91 days. In 2015/16 this is likely to reduce to 82.6%. Due to the introduction of a Help to Live at Home scheme planned for November 2016, a conservative target has been set.

National Metric (3)	Definition	Trajectory of improvement
Delayed transfers of care from hospital per 100,000 population (average per month)	This is a nationally defined metric measuring delivery of the outcome of effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. The aim is therefore to reduce the rate of delayed bed days per 100,000 population.	Recent reductions in delays have focussed on interventions in the acute sector. We have therefore set a target based on reducing the number of days delayed in non-acute settings by 0.5%, while maintaining the rate of days delayed in acute settings at its current low level. The targets are quarterly and are 238.0, 233.3, 215.9, 220.7 for quarters 1 to 4 of 2016/17 respectively. As part of the development of a four year adult social care strategy, detailed analysis of this metric has taken place and the target set accordingly. Substantial improvement in the rate of days delayed has been achieved – the annual rate has dropped from 4,753 per 100,000 in 2014/15 to a probable 2,730 per 100,000 in 2015/16.

National Metric (4)	Definition	Trajectory of improvement
Non-Elective Admissions (General & Acute)	This is a nationally defined metric measuring the reduction in non-elective admissions which can be influenced by effective collaboration across the health and care system. Total non-elective admissions (general and acute) underpin the payment for performance element of the Better Care Fund.	In 2014/15 there were 58,479 non-elective admissions for Leicestershire residents, In 2015/16 it is likely that there will be 59,957. The proposed target for 2016/17 is 726.38 per 100,000 per month, based on a 2.49% reduction on the probable number of non-elective admissions for patients registered with GP practices in Leicestershire for 2015/16 (allowing for population growth). This equates to no more than 58,836 admissions in 2016/17. This assumption has been aligned with final CCG operational plan targets. All existing admission avoidance schemes have been subject to evaluation in 2015/16, and the

		results reflected in the development of a trajectory of 1,500 avoided admissions from these schemes in 2016/17.

National Metric (5)	Definition	Trajectory of improvement
Improved Patient Experience	Selected metric for BCF Plan from national menu: - taken from GP Patient Survey: "In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)? Please think about all organisations and services, not just health." The metric measures the number of patients giving a response of "Yes, definitely" or "Yes, to some extent" to the above question in the GP Patient Survey in comparison to the total number of responses to the question.	It is proposed to set this target at 63.5% for 2016/17 (data will be released February 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%.

Local Metric (6)	Definition	Trajectory of Improvement
Injuries due to falls in people aged 65 and over	This is a locally defined metric measuring delivery of the outcome to reduce emergency admissions for injuries due to falls in people aged 65 and over.	It is proposed that this target is set at 1742.9, based on holding the number of admissions for injuries due to falls steady for the 65-79 age group (a reduction in the rate per 100,000 from 678.9 to 664.0) while lowering the rate per 100,000 for the 80+ age group from 7,919.1 to 7,523.1 (this equates to 25 fewer admissions in the year despite the increase in population) The latest published data (2014/15) shows Leicestershire as having a directly standardised rate significantly better than the England average for the whole age 65+ cohort and for the separate 65-79 age group and the 80+ age group.

33. The following should be noted 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 assumption for the existing schemes is 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 pilot of the new Ambulatory Pathway on CDU scheme at Glenfield Hospital.

    d. The current estimation is approximately 1,500 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.

BCF National Conditions

34. The BCF plan must demonstrate how it will delivery on the following national conditions:

- Delivery against five national BCF metrics and a locally selected metric;
- How a proportion of the fund will protect adult social care services;
- How data sharing and data integration is being progressed using the NHS number *(the NHS number is the unique identifier for each individual which is used on all NHS records);*
- How an accountable lead professional is designated for care planning/care coordination;
- Delivery of Care Act requirements;
- How a proportion of the fund will be used to commission care outside of hospital;
- How seven day services will be supported by the plan;
- That the impact on emergency admissions activity has been agreed with acute providers;
- That there is a locally agreed proactive plan to improve delayed transfer of care from hospital;
- That Disabled Facilities Grant allocations within the BCF will be used to support integrated housing solutions including the delivery of major adaptations in the home (see note below, para 36 and 37);
- Approval of the BCF plan by all partners being assured via the local Health and Wellbeing Board.

35. Assurance has been given that the Leicestershire BCF plan delivers against all the national conditions.

Disabled Facilities Grants Allocations

36. In terms of the Disabled Facilities Grant (DFG) allocations the BCF plan confirms the commitment to passport a £1.7m DFG allocation to District Councils for 2016/17, the same as the arrangement in 2015/16.

37. The additional £1.3m DFG allocation which replaced the social care capital grant within the BCF is being retained within the BCF pooled budget. This is because it is already committed on a range of essential services that benefit all partners and the communities they serve, including other elements of housing related support (for example assistive technology and the housing discharge support schemes at the Bradgate Unit and Leicester Royal Infirmary). The position will be reviewed following consideration of the Lightbulb Business Case with District Councils later in 2016.

Recommendation

It is recommended that the approval of the BCF plan by the Integration Executive at their meeting on 26th April and submission of the plan to NHS England be noted.

Officer to Contact

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List of Appendices

- Appendix 1 – BCF Narrative Plan
- Appendix 2 – BCF Spending Plan 2016/17 (appendices mentioned within the BCF plan have not been circulated but copies can be made available to members upon request).

Relevant Impact Assessments

Equality and Human Rights Implications

38. 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.

39. An equalities and human rights impact assessment has been undertaken which is provided at http://www.leics.gov.uk/better_care_fund_overview_ehria.pdf

Partnership Working and associated issues

40. 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.

41. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integrated Executive's terms of reference which have been approved by the Health and Wellbeing Board.

42. 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 Better Care Together http://www.bettercareleicester.nhs.uk/.

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