



HEALTH AND WELLBEING BOARD: 7 JULY 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 20th 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 – 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 the time, total predicted emergency admissions for January to December 2015 were 54,594 with a target reduction through the BCF 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 equated 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 Performance for 2015/16

12. The full reporting period for reducing emergency admissions via the BCF was for January to December 2015.
13. The data showed that the total number of emergency admissions was 2,973 admissions above the planned/contracted levels for Leicestershire's population for 2015.
14. It should be noted that there are multiple factors that affect the total number of emergency admissions within Leicestershire, not all of which can be influenced by/mitigated by the interventions in the BCF Leicestershire's BCF Plan.
15. The table below summarises the final position for 2015:

	Jan to Mar 2015	Apr to Jun 2015	Jul to Sep 2015	Oct to Dec 2015	Total
Planned Activity	13,746	13,909	14,209	14,409	56,273
Final Activity	14,303	14,758	14,785	15,400	59,246
Activity Variance	557	849	576	991	2,973

16. Leicestershire's BCF plan included four schemes which together were targeted to reduce emergency admissions by 2,041 during 2015. Each scheme was allocated a proportion of the emergency admissions.
17. Between January and December the four schemes avoided 1,581 emergency admissions.

Financial Year End Position

18. During 2015/16, expenditure on the BCF plan was £38.3m against a plan of £38.9m. The underspend of £532k was due a combination of factors:
 - a. Delays in new schemes being commissioned.
 - b. Schemes in the BCF plan that, following discussion with partners, it was agreed not to proceed.
 - c. General underspends in schemes, for example due to staff turnover and vacancies.
19. The underspends were partially offset by the commissioning of additional schemes, not in the original plan, that contributed towards the achievement of BCF metrics.
20. The pay for performance element of the BCF plan totalled £3m. Following the Integration Finance and Performance Group in August 2015, it was agreed that:
 - a. From the £3m pay for performance fund (risk pool), £1m would be retained by the CCGs to recognise the over performance in non-elective admissions. The remaining £2m was paid into the BCF in recognition of the contribution made by the four admissions avoidance schemes.
 - b. £800k was released from the reserve in 2015/16, by agreement with the CCGs to:
 - i. Invest in further developments to reduce non-elective admissions and/or
 - ii. Invest in winter resilience.

Process to submit the BCF quarterly report to NHS England

21. The BCF Operationalisation Guidance required that a quarterly performance template was submitted to NHS England by 27th May 2016, summarising the final position for 2015/16.
22. The template also required the provision of information on a number of other BCF metrics which include:
 - a. Permanent admissions to residential care.
 - b. Effectiveness of reablement.
 - c. Delayed transfer of care.
 - d. Patient experience.
 - e. Emergency admissions for injuries due to falls (local metric).
23. The Integration Executive reviewed the completed template at their meeting on 24th May and submitted the required information to NHS England on 27th May on behalf of the Health and Wellbeing Board.

Recommendations

24. The Board is recommended to note the contents of the report and that the final 2015/16 quarterly return was approved by the Integration Executive on 24th May, and submitted to NHS England on 27th May.

Officer to Contact

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Relevant Impact Assessments

Equality and Human Rights Implications

25. 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

26. 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.
27. 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.
28. 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>.