



## **HEALTH AND WELLBEING BOARD: 15 SEPTEMBER 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).

##### **Policy Framework and Previous Decisions**

2. The Health and Wellbeing Board approved Leicestershire's current BCF plan in May 2016.  
<http://politics.leics.gov.uk/documents/s118710/Better%20Care%20Fund%20Plan%20Submission%20and%20Assurance.pdf>
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 in July 2016  
<https://www.england.nhs.uk/wp-content/uploads/2016/07/bcf-ops-guid-2016-17-jul16.pdf> 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.

##### **Background**


5. The BCF plan was initially submitted to NHS England in September 2014 and was implemented during 2014/15 and 2015/16.
6. In line with the national policy requirements, the BCF plan was refreshed for 2016/17 at the beginning of 2016. The final plan was submitted to NHS England on 3<sup>rd</sup> May. Confirmation was received in July that the plan was fully approved.
7. 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.


### **Financial Position at the end of Q1 2016/17**


8. The BCF spending plan totals £39.4m in 2016/17. This comprises of minimum contributions from partners of £39.1m as notified by Government, and an additional locally agreed £0.3m allocation from the Health and Social Care Integration Earmarked Fund.
9. The current financial position at the end of quarter one was that a small underspend was being forecast in the BCF plan. This was mainly as a result of a negotiated reduction in contract value of one of the admission avoidance schemes in the plan.
10. A number of other investment opportunities have been explored and an additional scheme to support admission avoidance will now be funded through the BCF.
11. At this point in the financial year, the expectation remains that the whole £39.4m will be spent.
12. A risk pool of £1m has been created within the BCF which is accessed if the planned reduction of emergency admission is not achieved. The BCF plan also contains a general contingency of £1m. The risk pool and contingency are reviewed on a quarterly basis to ensure that they remain appropriate to the level of financial risks.
13. At the end of quarter one, it was agreed not to release funds from the contingency. It was anticipated that some of the risk pool would be released during 2016/17, which will be reviewed at the end of the next quarter.


### **Performance against BCF Outcome Metrics at the end of Q1 2016/17**

14. The BCF plan is measured against six outcome metrics. The following table explains the definition of each metric, the rate of improvement that is being aimed for, and progress at the end of quarter one.


| National Metric<br>(1)  | Definition  | Trajectory of improvement   |
|---|---|---|
| <br><b>Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population</b> | 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 606.4 per 100,000. This equates to fewer than 865 admissions in 2016/17.<br><br>Quarter one data suggests 768 admissions in 2016/17 are likely.<br><br><u>On track to achieve target</u> |

| National Metric (2)   | Definition  | Trajectory of improvement   |
|---|---|---|
|  <p><b>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</b></p> | <p>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.</p> <p>The aim is therefore to increase the percentage of service users still at home 91 days after discharge.</p> | <p>The target for 2016/17 has been set at 84.2%.</p> <p>The target was set low because of the re-contracting of homecare services, including reablement, due to be implemented in November 2016. It is anticipated that this may cause a temporary fall in performance.</p> <p>Quarter one data shows a rate of 88.2%</p> <p><i><u>On track to achieve target</u></i></p> |


| National Metric (3)  | Definition   | Trajectory of improvement   |
|--|--|---|
|  <p><b>Delayed transfers of care from hospital per 100,000 population (average per month)</b></p> | <p>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.</p> <p>The aim is therefore to reduce the rate of delayed bed days per 100,000 population.</p> | <p>Reductions during 2015 in delays have focussed on interventions in the acute sector. Therefore the target was set 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 236.66, 231.91, 214.66, 312.19 for quarters 1 to 4 of 2016/17 respectively.</p> <p>Delays in the non-acute sector have reduced substantially, but those in the acute sector are rising. At the end of quarter one the BCF DTOC metric was 287.04 against a target of 236.66.</p> <p><i><u>No improvement in performance</u></i></p> |

| National Metric (4)  | Definition  | Trajectory of improvement   |
|--|---|---|
|  <p><b>Non-Elective Admissions (General &amp;</b></p> | <p>This is a nationally defined metric measuring the reduction in non-elective admissions which can be influenced</p> | <p>The target for 2016/17 is 724.37 per 100,000 per month, based on a 2.49% reduction on the probable number of non-elective admissions for patients registered with GP</p> |

|               |   |   |
|---------------|---|---|
| <b>Acute)</b> | <p>by effective collaboration across the health and care system.</p> <p>Total non-elective admissions (general and acute) underpin the payment for performance element of the Better Care Fund.</p> | <p>practices in Leicestershire for 2015/16 (allowing for population growth).</p> <p>This equates to a combined trajectory of 1,517 avoided admissions within the BCF schemes targeted at avoiding emergency admissions.</p> <p>Despite BCF admission avoidance schemes performing at over 80% of the target, the number of non-elective admissions continues to rise in Leicestershire.</p> <p>Q1 performance was 759.14 per month, which is amber rated against the target. This suggests that the final rate for 2016/17 will be 772.72 per month, amber rated against the target. The RAG rating allows a difference of up to 10% to be rated amber.</p> <p><u>No improvement in performance</u></p> |
|---------------|---|---|

| <b>National Metric (5)</b>  | <b>Definition</b>   | <b>Trajectory of improvement</b>   |
|---|---|--|
|  <p><b>Improved Patient Experience</b></p> | <p>Selected metric for BCF Plan from national menu:<br/>- taken from GP Patient Survey:<br/>"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."<br/>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</p> | <p>This target was set at 62.2% for 2016/17. This is based on the 2015/16 target and a 2% increase in the number of positive replies.</p> <p>Current performance is 63.6% (as at July 2016).</p> <p><u>On track to achieve target.</u></p> |

|  |                                      |  |
|--|--------------------------------------|--|
|  | number of responses to the question. |  |
|--|--------------------------------------|--|

| Local Metric (6)   | Definition   | Trajectory of Improvement  |
|--|--|--|
|  <p><b>Injuries due to falls in people aged 65 and over</b></p> | <p>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.</p> | <p>A realistic target was set for 2016/17 which holds the number of falls in the 65-79 age group at the 2015/16 level, while reducing those in the 80+ population by 5% allowing for population growth. The target is 419.27 per 100,000 per quarter.</p> <p>Q1 activity shows a rate of 311.63 which is rated green against the target. However activity for April looks remarkably low although no data issues have been reported.</p> <p><i><u>On track to achieve target</u></i></p> |

### Progress against BCF national conditions

15. The revised policy framework and technical guidance for 2016/17 indicates that BCF plans must demonstrate assurance regarding the following:
- Delivery against five national BCF metrics and a locally selected metric (see para 14);
  - 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;
  - 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.
  - Approval of the BCF plan by all partners being assured via the local Health and Wellbeing Board.

16. The Leicestershire BCF plan, through work during 2015/16 and to date during 2016/17, has been able to provide assurance that most of the national conditions of the plan have been met.
17. The exception to this is the question 'are support services, both in the hospital and in primary care, community and mental health settings available seven days a week to ensure next steps in the patient care pathway, as determined by the daily consultant-led, can be taken'.
18. It was agreed at this stage to state that this national condition was still in progress. This was due to the fact that work is still underway on the Leicester, Leicestershire and Rutland urgent care redesign. As this will be implemented in April 2017, it was reported that the national condition will be fully met by September 2017, to allow time for the changes to embed in.

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

19. The BCF Operationalisation Guidance required that a quarterly performance template was submitted to NHS England by 9<sup>th</sup> September 2016, summarising the final position for quarter 1 2016/17.
20. The Integration Executive reviewed the completed template at their meeting on 6<sup>th</sup> September and submitted the required information to NHS England on 7<sup>th</sup> September on behalf of the Health and Wellbeing Board.

### **Recommendation**

21. The Board is recommended to note the contents of the report and that the quarter one 2016/17 BCF return was approved by the Integration Executive on 6<sup>th</sup> September, and submitted to NHS England on 7<sup>th</sup> September.

### **Officer to Contact**

Cheryl Davenport  
 Director of Health and Care Integration (Joint Appointment)  
 0116 305 4212  
[Cheryl.Davenport@leics.gov.uk](mailto:Cheryl.Davenport@leics.gov.uk)

### **Relevant Impact Assessments**

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

22. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
23. 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](http://www.leics.gov.uk/better_care_fund_overview_ehria.pdf)

Partnership Working and associated issues

24. 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.
25. 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.
26. 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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