Appendix 1 - BCF Quarter 2 Reporting

1.0 Introduction

The Leeds response to the BCF Quarter 2 reporting process was submitted in accordance with the 27th November Deadline.

The reporting spreadsheet was developed to facilitate data collection by the national BCF Support Team and is not conducive to printing.

The submission is replicated on the following pages of this report for information.

2.0 Narrative Response:

A robust structure of reporting and oversight has been embedded, with effective participation from stakeholders across the city.

In recent months, a number of priority schemes have been approved for delivery this year, to be resourced from slippage arising from a number of the planned BCF schemes (as reported in Q1). These additional schemes are listed below. All of which have been through a robust governance and approvals process to ensure they fulfil BCF criteria:

- High Volume Service Users
- Additional Community Beds
- Falls Response Service
- Discharge to Assess
- Assisted Living Leeds Innovation 'pop-up'
- Informatics – map of medicine
- Informatics – digital literacy

Work is under way to assess the impact of BCF schemes this year, to inform planning for the BCF in 16/17. Challenges exist in relation to identification, and realisation of financial savings arising from 'invest to save' schemes. In the absence of clear justification, non-recurrently funded schemes which are not able to evidence impact on BCF metrics will not be continued in 16/17.

At this point there is no specific requirement for additional support in developing our BCF Plan for next year, although it is hoped that guidance on requirements and funding will be made available shortly.

Non-elective admissions have not attained the Q2 BCF target. There were 87, more admissions in in Q2 2015 than Q2 2014. Cumulatively to date a slight reduction against the baseline has been achieved since Q4 14/15 and as such a proportion of the P4P payment can be released into the Leeds Better Care Fund, subject to continued reductions being realised through the year. The rate of non-elective admissions in Leeds remains below the national figure.

The cost of admissions from (April to August) has increased by £1.5m compared with the same period last year. The increase in cost is due to an increase in average price of spell compared to last year. An independent audit is to be carried out to determine the reasons for this increase (which may be due to: more complicated patients, improved coding or incorrect coding).

Performance against other BCF metrics within this submission is largely positive (admissions to residential care, reablement, dementia diagnosis). As reported, work is underway to fully embed processes to monitor the 'patient experience' metric. It is intended that performance against this measure will be reported next quarter.

Leeds Teaching Hospitals are experiencing ongoing pressures on beds. As a result the Systems Resilience Group (SRG) are sponsoring a project led by the Trust Development Authority (TDA) with engagement from all partners. To date the TDA have undertaken two workshops followed up by a Rapid Improvement Event which involved senior managers from across health and Social Care working together to review current processes and identify key initiatives to reduce overall system dependence on acute medical beds. Although the work was initiated to address perceived issues with DTOCs the project scope has subsequently increased to focus on improving all processes that support reducing bed occupancy, primarily on medical wards.

3.0 National conditions response:

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)
1) Are the plans still jointly agreed?	Yes	Yes	Yes
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes

4.0 Non Elective Admissions Response

	Q2 Baseline	Q2 Plan	Q2 Actual	Jan-Sep Baseline	Jan-Sep Plan	Jan-Sep Actual
Non elective admissions	17,278	16,583	17,365	52,358	50,776	51,960

Payment for Performance Response

Q2 actual payment locally agreed = £0

Narrative: Previous payments were not to be released into the BCF until we had greater confidence that the annual target will be met. Q1 and Q2 performance has not attained the BCF target. This position will continue to be monitored.

Please note that in accordance with 'operationalisation' guidance, this would be calculated at the marginal rate (as opposed to the full rate as indicated above [in the spreadsheet response]). Funding will flow into the BCF when the acute provider's non elective contract line reduces.

Income and Expenditure

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£13,730,750	£13,730,750	£13,730,750	£13,730,750	£54,923,000	£54,923,000
	Forecast	£13,730,750	£13,730,750	£13,730,750	£13,730,750	£54,923,000	
	Actual*	£13,730,750	£13,730,750				

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£6,451,797	£6,451,797	£30,039,399	£11,980,007	£54,923,000	£54,923,000
	Forecast	£6,451,797	£6,451,797	£30,039,399	£11,980,007	£54,923,000	
	Actual*	£6,251,000	£6,451,797				
Please comment if there is a difference between either annual total and the pooled fund							
Commentary on progress against financial plan:		Q1 slippage arose from some schemes not commencing on 1st April 2015					

5.0 Metrics

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	The reported number of permanent placements in residential and nursing homes for people over 65 is projected to be higher than last year as a consequence of changes to the definition of the national indicator (which now includes a number of individuals who were previously excluded) When using the new definition for both years, forecasts suggest that the number of admissions this year is in fact likely to be lower than last year (778). It should be noted however that these figures are provisional and subject to data cleansing and validation at the year end.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Current estimates show that 89.3% of people over 65 who are provided with short term support when leaving hospital are still at home 91 days later. Figures are subject to further data cleansing and validation at the year end.

Local performance metric as described in your approved BCF plan / Q1 return	Dementia Diagnosis Rate
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The dementia diagnosis rate for Leeds at September 2015 is 75%, so exceeds our target of 66.7%. The source for this data is HSCIC. Their data is published for each CCG, and combining the figures for the three Leeds CCGs shows 5,738 with a diagnosis out of an estimated total of 7,649 living with dementia (ie. 1,911 estimated undiagnosed). NB. Performance on this metric has exceeded expectations because NHS England have changed the method of estimating diagnosis rates and only encompasses those aged 65+. This reflects more recent research ('CFAS-II' study), and using a population estimate for the geographical 'footprint' of each CCG, rather than the numbers on practice registers. Leeds did achieve the two-thirds diagnosis ambition under the previous methodology, achieving a 66.8% diagnosis rate at March 2015. Again, this is aggregated from data for the three CCGs.

Local defined patient experience metric as described in your approved BCF plan / Q1 return	Individuals accessing health and social care services through integrated health and social care teams will be invited to complete the LTC6 questionnaire post discharge. These questionnaires will be used to generate a patient satisfaction score based on a weighted average for all questions completed. There is a target in place to reach 50 completed questionnaires per quarter for the service as a minimum.
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	Implementation of the use of the LTC6 has commenced, although there is an issue of nil returns which has been escalated internally within Leeds Community Healthcare (LCH). The LCH Adult Business Unit (ABU) has met and instigated a strategy to ensure that "Neighbourhood Surveys" are distributed, responses from patients are encouraged and the processes are in place to accurately report. Progress will be managed at the ABU Performance meeting and reported monthly as part of the Director of Nurses and Integrated Performance Report.

6.0 Preparations for BCF 16/17 Response:

Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	Moderate Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	The same amount of funding
Would you welcome support in developing your BCF plan for 2016-17?	No

7.0 New Integration Metrics

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	Yes	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	No	Yes	No	No	Yes	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes

Comments: Currently Adult Social Care are gathering the NHS Number through a 'batch process' monthly update through the Migration Analysis & Cleansing Service (MACS). The NHS Number is recorded on the Adult Social Electronic Record. The intention is, to develop real time access to the Patient Demographic Service (PDS) which is on the NHS Spine, from the Public Sector Network (PSN). BCF will fund the project resources to develop this. The second phase of the project will be to embed the NHS number on Social Care correspondence.

2. Proposed Metric: Use of Risk Stratification

Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes
If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	Not yet being used directly to allocate resources, but informing Year Of Care tariff development and broader commissioning decision making
Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)	2.00%
What proportion of local residents currently identified as in need of preventative care have been offered a care plan? (%)	98.5%

Comments: To date risk stratification has largely targeted the top 2% by need. Work is ongoing to explore whether it is more appropriate to target patients lower down the risk profile (eg targeting self-care at patients in the 5-10% group). The metrics provided above are available from the NHS England CQRS System. If these measures are to be used in future quarters, it would be appreciated if further technical guidance can be provided to ensure figures reported meet requirements, and are consistent across all areas.

Note: Leeds Student Medical Practice was not included in the calculation (due to their demographic, they negotiated arrangements separately with NHS England).

3. Proposed Metric: Personal Health Budgets

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	In progress
How many local residents have been identified as eligible for PHBs during the quarter?	170
Rate per 100,000 population	22
How many local residents have been offered a PHB during the quarter?	35
Rate per 100,000 population	5
How many local residents are currently using a PHB during the quarter?	77
Rate per 100,000 population	10
What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter? (%)	100.0%

Comments: We have had a system wide conversation with providers and a special event with the HWBB. There was also a paper taken to HWBB where all of the current priority populations were noted. We are intending to meet as a city to agree future strategic direction and further improve partner working etc. If these measures are to be used in future quarters, it would be appreciated if further technical guidance can be provided to ensure figures reported meet requirements, and are consistent across all areas.

END

Appendix 2

Leeds Better care fund,invest to save schemes - Financial summary December 2015

	Agreed investment	Forecast	Slippage
Enhancing Primary Care	2,141,000	2,141,000	0
Memory Support Worker	565,000	565,000	0
Medication prompting	320,000	210,000	-110,000
Falls	500,000	250,000	-250,000
Community intermediate care beds - 12 beds	520,000	418,651	-101,349
Community intermediate care beds - ICT	180,000	180,000	0
Community intermediate care beds - Bed bureau	50,000	50,000	0
End of life beds	500,000	235,130	-264,870
HALP	240,000	240,000	0
EDAT	300,000	262,000	-38,000
Discharge Facilitator	260,000	189,000	-71,000
Better for me LCH	1,350,000	1,046,000	-304,000
Better for me LCC	150,000	150,000	0
Community nursing(EoL)	1,200,000	358,000	-842,000
Information Management *	1,800,000	1,594,355	-205,645
Workforce planning & development	80,000	80,000	0
Interface geriatrician	200,000	200,000	0
LCES 7 day working	130,000	140,000	10,000
System intelligence	80,000	80,000	0
Total	**10,566,000**	**8,389,136**	**-2,176,864**

Additional schemes funded from slippage

Assisted living Leeds,Pop up innovation space	55,000
Discharge to assess	452,322
26 Additional CIC beds	506,000
High Volume Service Users (Urgent Care)	68,500
Falls Response Service	120,000
Map of medicine (informatics)	23,250
Digital literacy (informatics)**	70,000
Revenue Slippage remaining	**-676,147**
Capital slippage remaining	**-205,645**

* this slippage is capital

**cost reduced by £50k due to funding bid

Appendix 3

Extracts of the Spending Review and Autumn Statement 2015 with specific relevance to BCF are set out below:

1.107 The Spending Review creates a social care precept to give local authorities who are responsible for social care the ability to raise new funding to spend exclusively on adult social care. The precept will work by giving local authorities the flexibility to raise council tax in their area by up to 2% above the existing threshold. If all local authorities use this to its maximum effect it could help raise nearly £2 billion a year by 2019-20.[44] **From 2017 the Spending Review makes available social care funds for local government, rising to £1.5 billion by 2019-20, to be included in an improved Better Care Fund.**

1.108 Taken together, the new precept and additional local government Better Care Fund contribution mean local government has access to the funding it needs to increase social care spending in real terms by the end of the Parliament. This will support councils to continue to focus on core services and to increase the prices they pay for care, including to cover the costs of the National Living Wage, which is expected to benefit up to 900,000 care workers.

1.111 Locally led transformation of health and social care delivery has the potential to improve services for patients and unlock efficiencies. Spending Round 2013 established the Better Care Fund which has driven the integration of funding for health and social care and enabled services to be commissioned together for the first time. This year the NHS and local authorities in England shared £5.3 billion in pooled budgets.[45] **The Spending Review continues the government's commitment to join up health and care. The government will continue the Better Care Fund, maintaining the NHS's mandated contribution in real terms over the Parliament. From 2017 the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the Better Care Fund.**

1.112 The Better Care Fund has set the foundation, but the government wants to further, faster to deliver joined up care. **The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country.** Every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution.

1.113 The government will not impose how the NHS and local government deliver this. The ways local areas integrate will be different, and some parts of the country are already demonstrating different approaches, which reflect models the government supports, including: •Accountable Care Organisations such as the one being formed in Northumberland, to create a single partnership responsible for meeting all health and social care needs •devolution deals with places such as Greater Manchester which is joining up health and social care across a large urban area. The government continues to support Greater Manchester in delivering the vision and scale of their transformation •Lead Commissioners such as the NHS in North East Lincolnshire which is spending all health and social care funding under a single local plan

The full document is available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479749/52229_Blue_Book_PU1865_Web_Accessible.pdf