

Leeds Health & Wellbeing Board

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Report to: Leeds Health and Wellbeing Board

Date: 06 September 2016

Subject: Better Care Fund (BCF) Update

Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Appendix number:		

Summary of main issues

The Leeds BCF is in its second year of delivery. In 2015/16 the fund was £54.9 million and supported schemes that were delivering integrated care and preventing hospital admissions. The fund this year is £55.9 million and continues to fund schemes that contribute to reducing non-elective admissions and sustains the provision of integrated health and social care.

The BCF Narrative Plan for 2016/17 was approved by the Leeds Health and Wellbeing Board on 21 April 2016. It was submitted to NHS England (NHSE) in June 2016 and has been 'fully approved' (see appendix 1).

One of the goals of BCF was to reduce non-elective admissions. However, the quarter 4 return shows a continued upward trajectory for non-elective admissions (see appendix 2). There are various reasons for this. A number of key reasons have been identified and an action plan is in place to address these in 2016/17. Non-elective admissions is a complex area influenced by a large number of variables. Several key lines of inquiry are being pursued. There has been growth in the numbers of presentations to A&E. The pathway in and out of hospital has been identified for further scrutiny, which will look at the contribution that community and primary care services do or can make to reduce non-elective admissions. In addition, there have been some changes in the way that non-elective admissions have been classified in the previous 2 quarters.

Further work to understand the complexities and work collaboratively to address the impact and proposed solutions forms a priority within the newly established System Resilience governance structure and the A&E Delivery & Non-Elective Action Plan.

Analysis of both Right Care data and other available intelligence packs is being undertaken for Cardiovascular disease (CVD), Respiratory, Mental Health and Musculoskeletal (MSK). This work covers the whole pathway from early diagnosis to secondary care non-elective and elective admissions and will allow a targeted approach to these areas.

Going forward the BCF Partnership Board will carry on providing the governance that is required to ensure that the investment provided by the BCF meets the dual aims of integrating health and social care and reducing non-elective admissions.

Recommendations

The Health and Wellbeing Board is asked to note the contents of this report.

1 Purpose of this report

- 1.1 The BCF Narrative Plan for 2016/17 was presented to the Board on 21 April 2016 where they were approved and then submitted to NHSE in May 2016. NHSE requested further information, which was supplied. The plan was re-submitted in June 2016 and was fully approved. The final plan is therefore being shared to the Board for information.
- 1.2 Health and Wellbeing Boards are required to provide a report to NHSE on the performance of their BCF on a quarterly basis. This was submitted on behalf of the Board in June 2016 and can be found in appendix 2.

2. Background information

- 2.1. The BCF is in its second year of delivery. The BCF Narrative Plan for 2016/17 contains an account of what was achieved in year 1 and the key deliverables for year 2. The plan outlines how the eight national conditions are being met locally, how gaps in delivery will be bridged and risks mitigated. This year the plan has been linked to the Sustainability and Transformation Plan (STP), acknowledging that the BCF is only a small part of the wider transformation objectives for health and social care. What the BCF started is expected to be completed by the delivery of the STP.
- 2.2. The quarter 4 return shows that the trajectory for non-elective admissions is increasing. Addressing this is a key goal for the BCF. The BCF Partnership Board will be looking at the A&E Delivery & Non-Elective Action Plan and the Leeds Urgent & Emergency Care Strategy to making an impact across the system driving the non-elective trajectory down.

3. Main issues

3.1 Performance

3.1.1 Health and Wellbeing Boards are required to return a BCF data collection template to NHS England on a quarterly basis. The Quarter 4 BCF return was submitted in June 2016. The quarter 4 template includes:

- Confirmation that national conditions are being met.
- Planned, forecast and actual income and expenditure figures.
- Reporting on non-elective admissions.
- Reporting on other defined BCF measures (admissions to residential care, reablement, dementia diagnosis and patient experience).
- Reporting of 3 new integration metrics (integrated digital records, risk stratification, personal health budgets).
- Narrative on overall achievements and challenges in delivering the BCF in year 1.

3.1.2 The national reporting template has been designed to fulfil local and national BCF reporting obligations against the key requirements and conditions of the Fund. The Leeds response is provided at appendix 2 for information. The narrative response contained in the last page of the appendix presents a broad overview of the current status of the delivery of the Leeds BCF Plan.

Non-elective admissions have not attained the quarter 4 BCF target. The rate of non-elective admissions in Leeds remains above the national figure. Figure 1 below illustrates the numbers for quarter 4.

Figure 1

	Year 14/15	Year 2015/16 Plan	Year 15/16 Actual
Quarter 1	17399	16883	17437
Quarter 2	17278	16583	17365
Quarter 3	18145	17259	17227
Quarter 4	17158	16765	21097

3.2 Summary of key Actions:

3.2.1 Leeds commissioners are working with the main acute care provider to understand the reasons for this increase in numbers. An action plan is in place to achieve the following:

- A reduction in the total number of attendances at the A&E department.
- **A reduction in the total number of non-elective admissions.**

- Compliance with the Emergency Care Standard 4 hour target.
- A reduction in the net total of non-elective patients occupying beds.

This action plan has been signed off by commissioners and the provider and are planned to be delivered in 2016/17.

3.2.2 Further lines of inquiry to support system capacity are also being pursued and will include:

- The contributions that community and primary care services do make or can make to reducing non–elective admissions (e.g. analysis of Right Care information in relation to key areas).
- Development of new models of care within primary and community services, with services taking a locality approach.
- Promotion of self-care and long term condition management thorough several workflows.
- The establishment of the System Resilience Assurance Board to incorporate becoming the Leeds Emergency Care Delivery Board.
- A Care Homes workshop for Leeds to share information and better understand the demands and needs of this group of vulnerable patients.
- Progress work on an Integrated Discharge Service, based at LTHT (Leeds Teaching Hospitals NHS Trust), with partners including Leeds Community Healthcare, LTHT and in partnership with Leeds City Council staff. This will support smooth transition out of hospital for patients and reduce delayed transfers freeing up hospital capacity.
- Continued implementation of the out of hospital intermediate care bed strategy to support transfer to assess and appropriate placement of hospital patients deemed medically fit for discharge.
- Continued analysis to improve understanding of the reasons for admission, numbers and flow of non- elective patients in Leeds.
- Review of the walk-in centres and minor injuries units in Leeds.
- Consultation on the development of a refreshed urgent care strategy for Leeds.

4. Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 Routine monitoring of the delivery of the BCF is undertaken by a BCF Delivery Group with representation from commissioners across the city. This group reports in to the BCF Partnership Board, which is the main decision making forum relating to the BCF in Leeds.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of experience of care is not comprised. The vision that ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’ underpins the Leeds Health and Wellbeing Strategy 2016-2021. The services funded by the BCF contribute to this aim.

4.3 Resources and value for money

- 4.3.1 Whilst the BCF does not bring any new money into the system, it has presented Leeds with the opportunity to further strengthen integrated working and to focus on preventive services through reducing demand on the acute sector. As such, the agreed approach locally to date has been to use the BCF in such a way as to derive maximum benefit to meet the financial challenge facing the whole health and social care system over the next five years.

4.4 Legal Implications, Access to Information and Call In

- 4.4.1 There are no access to information and call-in implications arising from this report.

4.5 Risk Management

- 4.5.1 The following risks have been identified in relation to the BCF:
- Schemes geared towards reducing non-elective admissions do not have the level of impact that is expected
 - Failure to achieve non-elective admissions targets

The BCF Partnership Board and Delivery Group have put in mitigating actions to counter these risks.

5. Conclusions

- 5.1 The BCF forms a component of Leeds' ambition for a sustainable and high quality health and social care system through the achievement of the BCF Narrative Plan for 2016/17. Furthermore, the continued journey of sustained transformation sits within the STP and the BCF will have a role in this through the services that it supports. The continued support and commitment of key leaders in the city is critical to the delivery of current BCF and future STP objectives.

6. Recommendations

- 6.1 The Health and Wellbeing Board is asked to note the contents of this report.