

REPORT TO THE HEALTH AND WELLBEING BOARD

8 December 2015

Better Care Fund – Quarter 2 Reporting

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1. Purpose of Report

- 1.1 To provide the Board with an update on progress against the Key Performance Indicators (KPIs) contained within the Better Care Fund, being reported to NHS England on 27 November 2015
- 1.2 To provide an overview of the financial position in relation to the Better Care Fund (BCF)

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the contents of the report.

3. Introduction/ Background

- 3.1 The Better Care Fund (BCF) was established from 1 April 2015, in line with NHS England and Local Government Association directions.
- 3.2 The aim of the BCF is to support transformation and integration of Health and Social Care in line with the Health and Wellbeing Strategy for Barnsley.
- 3.3 The total value of the fund in 2015/16 is £20,374k. £2,016k of this is provided from grants made directly to the Local Authority for Disabilities Facilities and Social Care Adaptations. The remaining £18,358k is provided from the CCG baseline allocation.
- 3.4 In 2015/16, the Barnsley Health and Wellbeing Board (H&WB) developed and submitted a plan for usage of BCF resources, which set out KPIs and planned schemes and initiatives aimed at delivering against these.
- 3.5 The only KPI which has a financial impact is that related to reducing emergency admissions. The plan submitted by Barnsley H&WB included a trajectory to reduce emergency activity by 2.9% over the periods Quarter 4 2014/15

(reporting period 1) to Quarter 3 2015/16 (reporting period 4). Failure to achieve this reduction results in a Payment for Performance element to be withheld from the fund and retained by the CCG in order to off-set increasing emergency overtrades. The value withheld for periods 1, 2 and 3 totals £1,194k. A further £782k is attributed to performance in periods 4. Therefore, the total value of the payment for performance fund is £1,976k.

- 3.6 In line with the agreed Section 75 agreement with the Local Authority, the financial impact of failure to achieve the payment for performance element is to be shared equally between the CCG and the Local Authority. The financial implications for both parties are set out in section 3 below.

4. Payment for Performance (P4P) related to Emergency (Non-Elective) Admissions

- 4.1 The current performance levels against the target reductions within the BCF plan are set out below:

- Period 1 (Quarter 4 2014/15) – 1.5% increase (114 against target reduction of 128)
- Period 2 (Quarter 1 2015/16) – 5% increase (387 against target reduction of 58)
- Period 3 (Quarter 2 2015/16) – 8.8% increase (661 against a target reduction of 353)

- 4.2 In order to meet the target set for this KPI for 2015/16, reductions required would be:

| | |
|---|---------------------|
| Target reduction periods 1-4 | 892 |
| Actual over-performance against baseline (Q1-3) | 1,162 |
| Total reduction required in period 4 | <u>2,054</u> |

- 4.3 In financial terms, the value withheld for periods 1, 2 and 3 totals £1,194k. In line with the Section 75 agreement, the CCG has paid BMBC £597k less and will manage the risk related to the £597k applicable to the CCG internally.

- 4.4 Reducing the number of emergency admissions is a key objective for the wider health and care economy and therefore there is a continued focus on ensuring a sustained effort to reduce the number of admissions into hospital and also to improve the flow of patients through the hospital and support timely discharge by commissioning appropriate out of hospital services.

- 4.5 There have been a number of in year developments that have taken place to ensure continued efforts to reduce the number of emergency admissions and ensure the health and care system is resilient over the remainder of the year, particularly winter. Recent developments include:

- Proposals to introduce a triage to off-site primary care/GP appointments to reduce the number of people being seen in A&E.

- Reviewing the intermediate care access criteria and bed base to ensure there is adequate capacity to support admission avoidance and support effective discharge
- Extended opening of the respiratory hub within BHNFT to provide increased access for patients and reduce the need for admissions.

4. Other Key Performance Indicators

- 5.1 Reduction in the number of permanent residential and nursing home admissions (65yrs & over). Latest performance is below the BCF plan with lower numbers of permanent admissions – **achieving**
- 5.2 Increase the number of people who are still at home 91 days after discharge from hospital who access reablement services. Latest performance indicates that more people remain at home 91 days after discharge than the BCF plan – **achieving**
- 5.3 Maintaining the number of delayed transfers of care. Performance in Barnsley is good with low numbers of delayed discharges and therefore the plan was to maintain the levels seen in 2013/14. The latest performance shows that the average number of delayed discharges per month is lower than the BCF plan – **achieving**
- 5.4 Reduce the proportion of people reporting a poor experience of General Practice – The 2014/15 results show an improvement from 7.3 to 6.4 (average number of negative responses per 100 patients) between 13/14 and 14/15. The BCF target was based upon the 2012/13 baseline of 5.3 and the aim was to reduce the numbers reporting a poor experience of GP services. The 2013/14 results show that performance deteriorated with the number increasing above the baseline to 7.3 creating a bigger challenge in respect of achieving the BCF target. There has however been significant investment in primary care and this has been supplemented by the Prime Ministers challenge fund to improve access to primary care which reflect the improvement between 2013/14 and 2014/15, the first year of the BCF - **not achieving** but improving based upon the latest reported position to March 2015.
- 5.5 Increasing the proportion of people who feel they are supported to manage their long term condition. Performance has improved between the baseline position of 67.7% however performance remains below target. Activity in 2015/16, particularly in primary care to support people with long term conditions is anticipated to lead to improved performance against this measure and delivery of the agreed target of 69.95 by the end of the 2015/16 financial year, based on the survey reporting period to March 2016 – **not achieving** but improving and expected to achieve by period 4.

6. Financial Implications

- 6.1 Based upon current performance, there is a significant risk that the reduction in emergency admissions will not be achieved in this financial year. If this risk does crystallise, BCF resources will be reduced by £1,976k and in line with the Section 75 agreement, this risk would be shared 50/50 between the CCG and BMBC.
- 5.2 If, however, performance improves and the annual target is met, the full value of the performance-related element of £1,976k will be payable to the BCF.

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