

LEICESTER CITY HEALTH AND WELLBEING BOARD

October 2014

Subject:	Submission of the Leicester City Better Care Fund
Presented to the Health and Wellbeing Board by:	Dr Simon Freeman, Managing Director, Leicester City Clinical Commissioning Group Deb Watson, Strategic Director, Adult Social Care and Health, Leicester City Council
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EXECUTIVE SUMMARY:

This paper outlines the process followed to achieve the national deadline for the resubmission of the Better Care Fund of September 19th 2014. The paper outlines the key sections of guidance which have impacted the resubmission and the actions taken locally to address these. Finally, the paper outlines the assurance process which is currently being undertaken.

The pack attached to this paper includes the totality of the Leicester City Better Care Fund Plan, as submitted to NHS England and the Local Government Association on September 19th 2014. Delegated authority to approve the submission was given by the Health and Wellbeing Board at its meeting on 3 April 2014 to Councillor Palmer, Chair of the Board, Dr Simon Freeman, Managing Director Leicester City Clinical Commissioning Group, and Andy Keeling, Chief Operating Officer, Leicester City Council. (Minute 63 refers)

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Note the Leicester City Better Care Fund submission

Submission of the Leicester City Better Care Fund

Introduction

1. This paper outlines the process followed to achieve the national deadline for the resubmission of the Better Care Fund of September 19th 2014. The paper outlines the key sections of guidance which have impacted the resubmission and the actions taken locally to address these. Finally, the paper outlines the assurance process which is currently being undertaken.
2. The pack attached to this paper includes the totality of the Leicester City Better Care Fund Plan, as submitted to NHS England and the Local Government Association on September 19th 2014.

Guidance for the resubmission

3. A significant amount of guidance was released through July and August 2014 detailing the requirements for the resubmission; this has substantially increased the depth and length of the Leicester City BCF. However, it is important to note that the content of the Leicester City BCF remains the same, with no material change to the schemes planned or metrics previously submitted. However, the introduction of the payment for performance element for the 'reducing emergency admissions' metric has resulted in the creation of a contingency fund and the key points regarding this are outlined below.

Refreshing BCF Metrics and Implementing Pay for Performance

4. There is now a pay for performance requirement on the fund linked to achieving a reduction in *total emergency admissions*.
5. Each Health and Wellbeing Board must approve the local threshold for the reduction in total emergency admissions. However there is an expectation that this will need to equate to a 3.5% reduction in 2015/16.
6. The metric is defined as follows: general and acute non elective admissions (*this excludes some categories of admissions, specifically those relating to maternity and mental health acute admissions*). For Leicester City, this equates to a minimum reduction of 1013 admissions, with a total of £1,509,370 at risk.

7. The first period against which performance against the emergency admissions metric will be measured is Q4 2014/15. Payment will be made in May 2015 and will be issued by CCGs. It will be based on the level for performance, so if only 70% of the target has been achieved, only 70% of the payment will be made. Payments will then be made quarterly in arrears on the same basis. Any monies not paid into the fund due to lack of performance will be held by the CCG and spent by agreement with the Health and Wellbeing Board. It is intended that the monies will offset activity incurred in the acute sector as a result of failing to avoid sufficient admissions.
8. To mitigate against this risk, a joint meeting of the Local Authority and the CCG was held in August, with an agreement that a contingency fund of £1.509m would be created from uncommitted funds for 15/16.
9. Of the £1bn to be allocated to BCF plans nationally in 2015/16, £300m will be allocated against the pay for performance requirement for reducing emergency admissions. The remaining £700m must be shown to be invested on care outside of hospital, which must be commissioned from NHS providers.
10. The other national metrics which were introduced with the BCF plans in April will still apply to the BCF resubmissions.

Improving BCF Scheme Benefits and Confirming Provider Support

11. Template Part 1 of the BCF resubmission (the narrative BCF plan) includes two new appendices:
 - a. The first of these is designed to provide a clearer articulation of each individual scheme within the BCF, showing more detail on the evidence base, activity/financial assumptions, how benefits are to be apportioned across the system and the overall outcomes linked to the vision for health and care integration. This is provided as part of this pack as Annex 1.
 - b. The other is for local acute providers to complete, to provide written assurance to the BCF plan, and in particular their agreement to the activity assumptions with respect to emergency admissions reduction. This was agreed by the UHL Executive Team on September 9th 2014 and provided as Annex 2 of this pack.
12. The technical guidance for Template Part 1 includes an extensive checklist against which each plan should be constructed, with a definition of “what makes a good response” in each section of the template. Further toolkits on population segmentation, evidence based planning, outcomes mapping and finance were released in August 2014, and used to supplement both the narrative plan and the appendices which form part of this pack.

13. The guidance also highlights where various sections have been updated/added in Template Part 1. These include:-
- A more structured section on implications of the Care Act and 7 day services, reflecting the national developments in these areas since the last BCF submission was made
 - A stronger set of tests on governance of the delivery of the BCF/integration
 - Greater visibility of the alignment to the 5 year planning arrangements
 - Greater emphasis on how the acute activity shifts will be delivered and managed locally.
14. Template Part 2 (metrics projections and financial analysis) has also been extensively updated per the payment for performance scheme etc., and includes a much more detailed breakdown of benefits analysis by BCF scheme to tie in with the changes in the narrative plan.
15. Due to the requirement to spend a proportion of the fund on local NHS provided care outside of hospital, a detailed breakdown is also required by provider by scheme showing the exact proportion of activity being applied to each scheme and benefits impact by provider.
16. An outline timetable has been given for the assurance of BCF plans. There were 3 regional check points prior to 19th September, with support from within local government and the NHS to ensure local areas are on track with resubmission requirements.

BCF submission

17. National BCF support was made available and the Leicester City BCF team has taken advantage of this, both through attendance at 121 clinics regionally as well as a critical friend review of the model and accompanying narrative through an external consultancy.
18. The final draft of the Leicester City BCF was approved by Simon Freeman, Andy Keeling and Rory Palmer on behalf of the Leicester City HWB on Wednesday 17th September, prior to formal submission on Friday 19th September 2014.

BCF Assurance Process

19. The assurance process is being led by North East London Commissioning Support Unit. On 20th August details of this process were published showing the methodology and criteria for assessing BCF plans, aiming to give a consistent process across the country. See BCF web pages [NHS England](#) and [LGA](#) for the detail.
20. This is an intensive process involving a technical desk top review, triangulation of other evidence about the wider context of the financial

and delivery challenges facing local health and care economies, plus it involves a telephone interview with representatives from each BCF plan/HWB Board area.

21. The outcome of the review will be that all BCF plans fall into one of four categories below, which have specific definitions:

- *Approved*
- *Approved with support*
- *Approved with conditions*
- *Not approved*

22. The assessment for categorisation will be determined by:

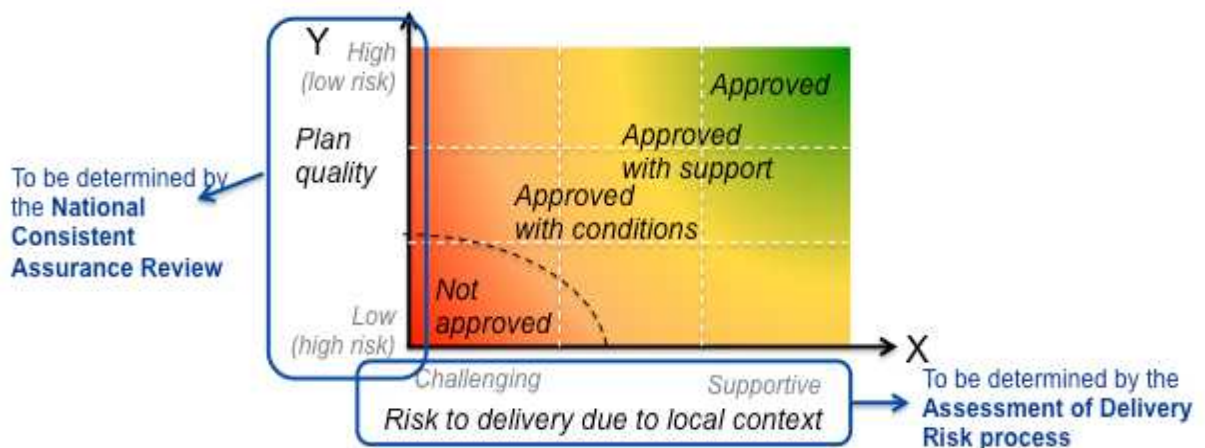
a. The National Consistent Assurance Review of the quality of the plans

The Leicester City NCAR review took place on September 25th 2014. No major issues with the Leicester City BCF were highlighted, with team complimenting the overall quality of the plan. Minor changes were requested and these are being worked through.

b. The assurance checkpoints' assessment of the risk to delivery due to the local context facing each local health economy

As Leicester, Leicestershire and Rutland has been nationally rated as a 'challenged health economy', the risk rating for the Leicester City BCF is automatically 'High Risk'.

23. The diagram showing the two axis for assurance is given below:



24. The formal rating of the Leicester City BCF is expected in mid-October 2014, following ministerial review.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

APPROVE the Leicester City Better Care Fund submission