

Meta-analysis of Better Care Fund plans for 2015-16

Headlines findings from updated plans February 2015



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1. BCF Key facts: Updated February position

As plans were finalised from October to January the aggregate national picture on key BCF facts was been updated.

£5.3bn

pooled in the BCF, 39% more than the minimum of £3.8bn

72/151

HWBs pooling more than the minimum required:

1,326 schemes funded through the BCF

41% of schemes including the creation of integrated care teams

35% of schemes including a focus on reablement

34% of schemes involving the provision of care at home

Total projected savings in 15/16 of **£511m**

P4P pot of **£250m**

Non-elective activity reduction of **3.09%**

DTOCs: 84,467 fewer unnecessary days spent in hospital

12,523 older people remaining at home 3m after discharge

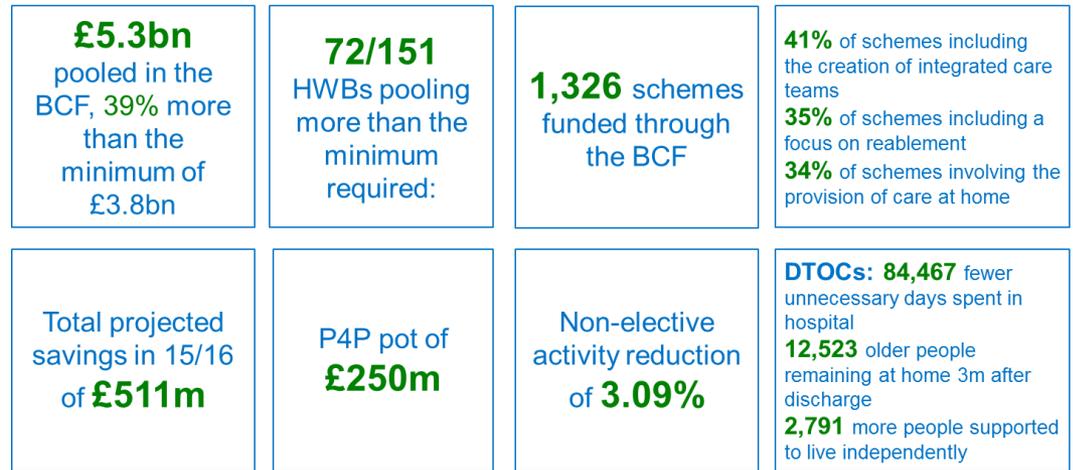
2,791 more people supported to live independently

Key facts: How has this changed?

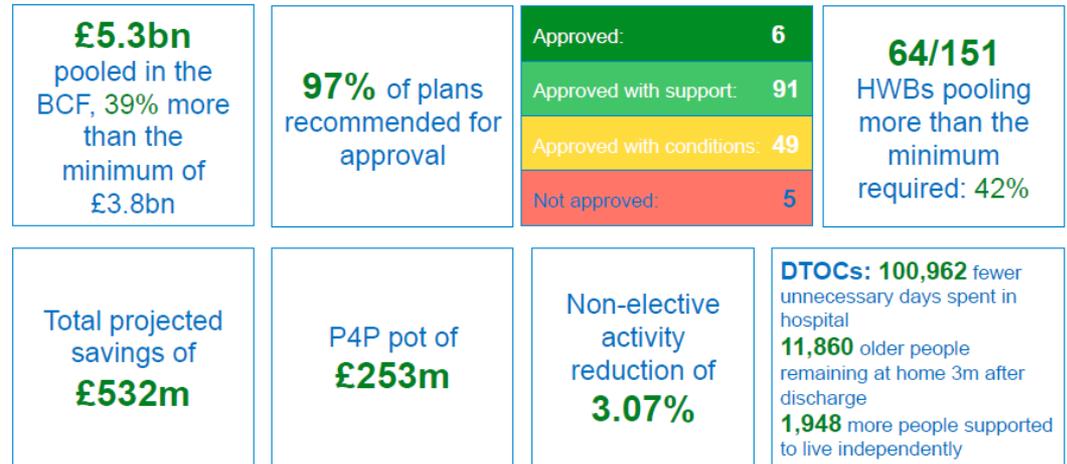
Headlines

- The fund size is the same
- 8 more HWBs are pooling above the minimum
- Financial benefits have fallen slightly
- The plans are delivering a similar non-elective reduction
- On other benefits, the plans are aiming to:
 - reduce delayed by transfers of care by less than previously projected;
 - reable more older people to remain at home 3 months after discharge; and
 - support more people to live independently rather than in residential care.

TODAY



OCTOBER



2. National trends

How have national trends changed, what has driven this and what are the implications?

Level of change	Areas that changed	Commentary	Considerations
No / minimal change	<ul style="list-style-type: none"> Overall size of fund Non-elective ambitions Benefits 	<ul style="list-style-type: none"> The fund is still £5.3bn and aiming to deliver a non-elective reduction of ~3.1% and deliver financial savings of over £500m by 15/16. 	The BCF ambitions set out here do not take into account changes that may occur through other planning and contracting process.
Some change	<ul style="list-style-type: none"> Other national metrics Areas of spend 	<ul style="list-style-type: none"> The plans are more ambitious in relation to reablement and reduced residential admissions. There has been greater specificity on areas of spend, with more going to social care and community services. 	This has been driven by greater accuracy in planning, especially in relation to analytical modelling and less use of the “other” category.
New analysis	<ul style="list-style-type: none"> ROI Scheme level analysis 	<ul style="list-style-type: none"> ROI for the fund averages 10%, but there is a range in levels of ROI per HWB Plans are more focused on service-based solutions (eg integrated care) rather than technological solutions Plans seem more aimed to elderly / frail segments 	<p>For evaluation:</p> <ul style="list-style-type: none"> consider those plans that have focused on more technological solutions Consider the VFM of these investments <p>For implementation:</p> <ul style="list-style-type: none"> ensure adequate workforce support ensure other segments are appropriately targeted

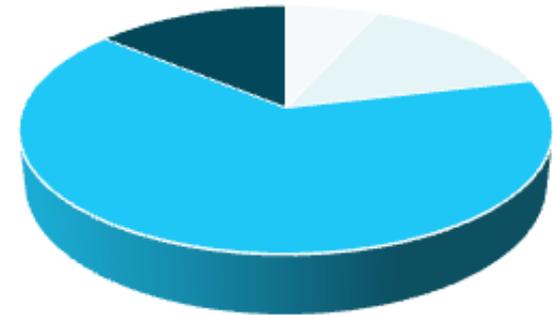
3: Meta-analysis findings

The following slides set out the full updated national trends.

The size of the Better Care Fund – the national picture

- The **overall size** of the fund is **£5.341bn**
- This **exceeds the minimum contribution** by **£1.527bn**
- **CCG funding** accounted for **79%** of this contribution, and exceeded the minimum aggregate CCG contribution by **£745m**
- **Local Authority funding** accounted for **21%** of this contribution, and exceeded the minimum LA contribution by **£782m**
- **All HWBs** met the minimum CCG / LA contribution

How the £5.3bn BCF pool is funded

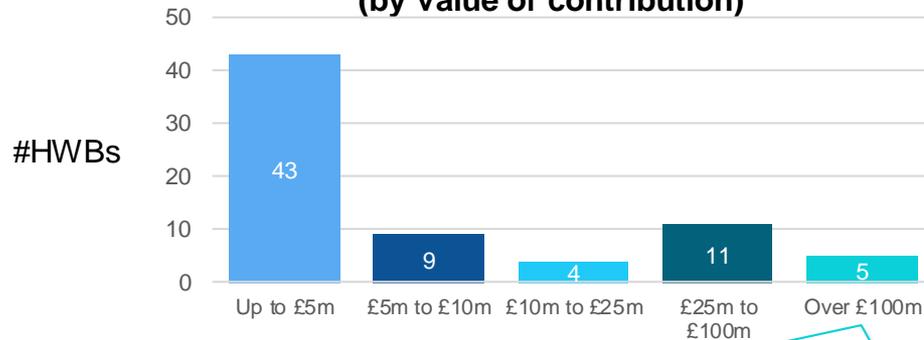


- Minimum LA contribution
- Additional LA contribution
- Minimum CCG contribution
- Additional CCG contribution

The size of the Better Care Fund – local contributions

- 72 HWBs contributed above the minimum levels
- The largest additional contribution was £202m which had a minimum contribution requirement of £41m
- The largest additional contribution as a % of the total pool is 87%

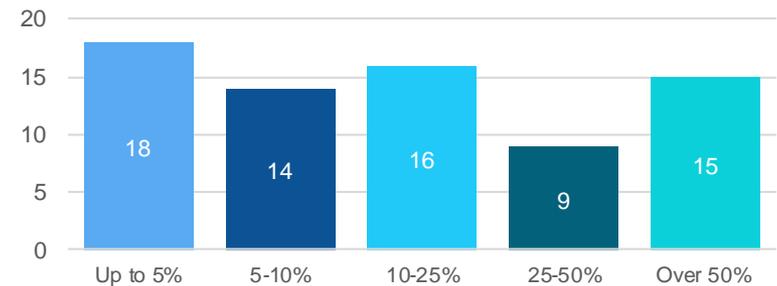
#HWBs pooling above the minimum
(by value of contribution)



Size of top 5 largest additional contributions (£)

1. £202m
2. £160m
3. £144m
4. £134m
5. £116m

#HWBs pooling above the minimum (by ratio
of additional contribution to total fund size)



Size of top 5 largest additional contributions (%)

1. 87%
2. 84%
3. 83%
4. 81%
5. 80%

The size of the Better Care Fund - changes

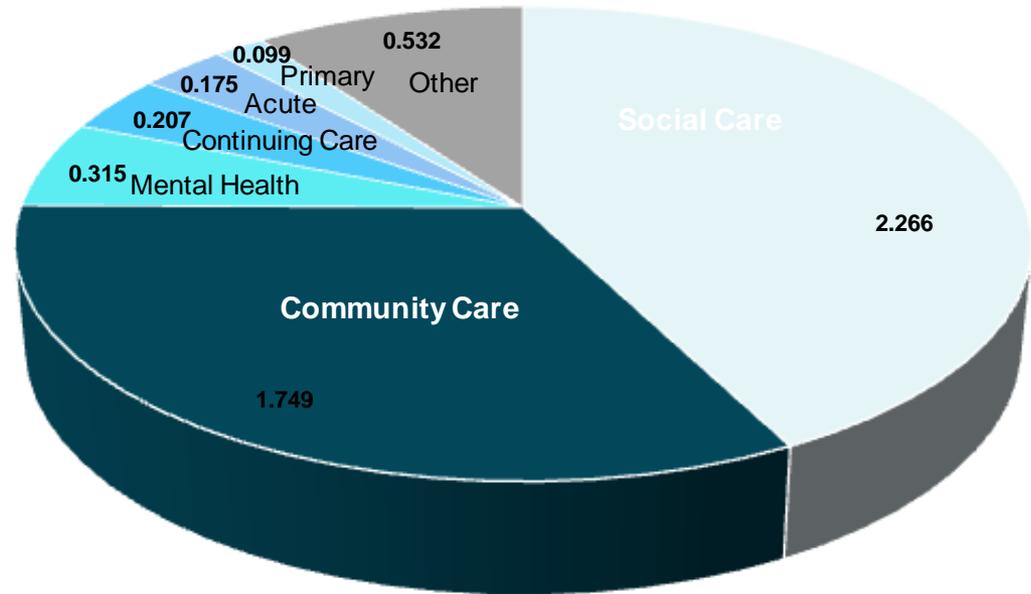
There has been minimal change in the size of the fund:

- The fund has increased slightly by £79m.
- Five more HWBs are pooling above the minimum than previously
- The distribution of those additional contributions is similar to the October distribution

Expenditure from the fund (1)

- 75% of expenditure is going on social care (43%) and community care (32%).
- This is an increase of 5% since October, or £290m
- This increase is primarily driven by greater accuracy in the part 2 templates resulting in a reduced use of the “Other” category.

How the BCF fund is being spent (£bn)



■ Social Care (+£198m)	■ Community Care (+£92m)
■ Mental Health (-£2m)	■ Continuing Care (+£4m)
■ Acute (-£6m)	■ Primary Care (+£10m)
■ Other (-£213m)	

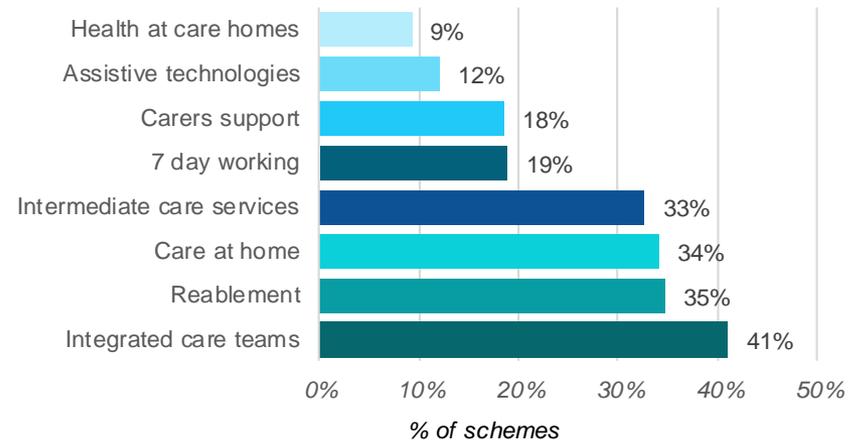
*Change on previous results noted in brackets

Expenditure from the fund (2)

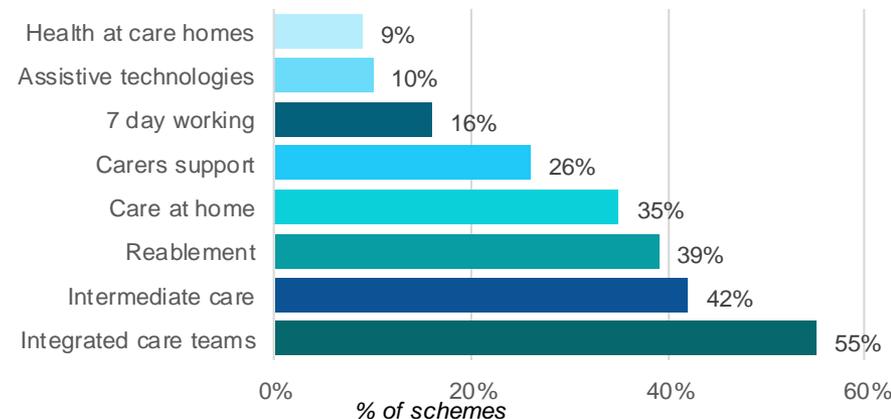
A qualitative review was undertaken for each scheme description provided in the HWB plans. This review looked at the characteristics of each scheme comparing them with the 8 examples of best practice provided in the taskforce guidance (See Annex B)

- There are 1,326 schemes across the 151 HWBs. This amounts to an average of almost nine schemes per BCF plan
- The focus of the schemes varies by type, with the largest areas of focus for schemes being in developing integrated care solutions, supporting reablement, increase care at home and providing intermediate care.
- When looked at by expenditure, the investment in different scheme types gives a similar picture, although a higher proportion of investment is going to schemes with an intermediate / integrated care element.

Proportion of schemes including different solution elements



Proportion of scheme expenditure on schemes with different elements



Expenditure from the fund (3)

Considerations and implications

The analysis of scheme type indicates the following:

1. Schemes are tending to focus on service / people related elements rather than technology
 - For evaluation:
 - Why has there been a lower tendency to use technology-based solutions?
 - What are the requirements for success in delivering technology-based solutions?
 - What is the vfm of these solutions?
 - For implementation:
 - Is the workforce enabled to deliver these changes?

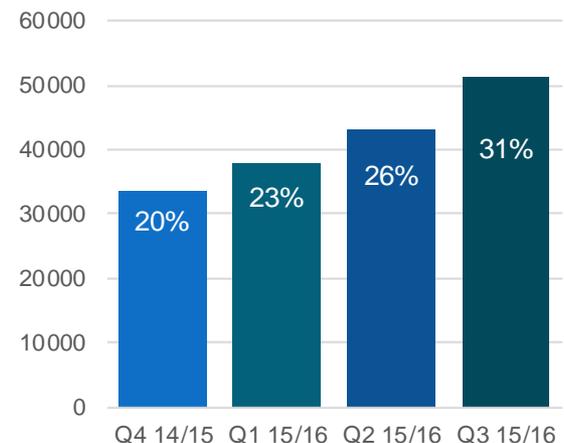
2. Expenditure is focused on schemes that contain an integrated care or intermediate care element
 - For evaluation:
 - Has this been through people or place (ie buildings)?
 - What is the vfm of these solutions as they seem to be more expensive?
 - For implementation:
 - Can this integration and upstreaming of services be delivered in-year, and how can delivery be accelerated?

3. There are a large proportion of schemes that have a reablement focus
 - For evaluation:
 - Does this represent an over-focus on over-75 / frail populations?
 - For implementation:
 - Can / should more be done to help other risk segments?

Performance metrics (1)

- The plans have a combined ambition to deliver over one year an overall reduction in non-elective activity (general and acute) of **165,976 stays**. This equates to a reduction of **3.1%**. *This is a slight increase of approximately 2,000 stays or 0.03% since October.*
- The activity reductions increase quarter by quarter. *This proportional phasing (20%, 23%, 26%, 31%) is the same as in October.*
- The size of the P4P pot is **£250m**. *This is a slight reduction since October.*
- The plans will also deliver over two years approximately:
 - ✓ **DTOCs: 84,467** fewer unnecessary days spent in hospital by helping people get home without delay – this equate to an **6% reduction** over two years. *This is a reduction in ambition since of October (previous ambition was 100,962)*
 - ✓ **12,523** older people remaining at home at least three months after discharge from hospital – this equates to a **35.4% increase** over two years. *This is an increase in ambition since October (previous ambition was 11,860)*
 - ✓ **2,791** people supported to live independently rather than move to a care home – this equates to a **4.6% increase** over two years. *This is an increase in ambition since October (previous ambition was 1,948)*

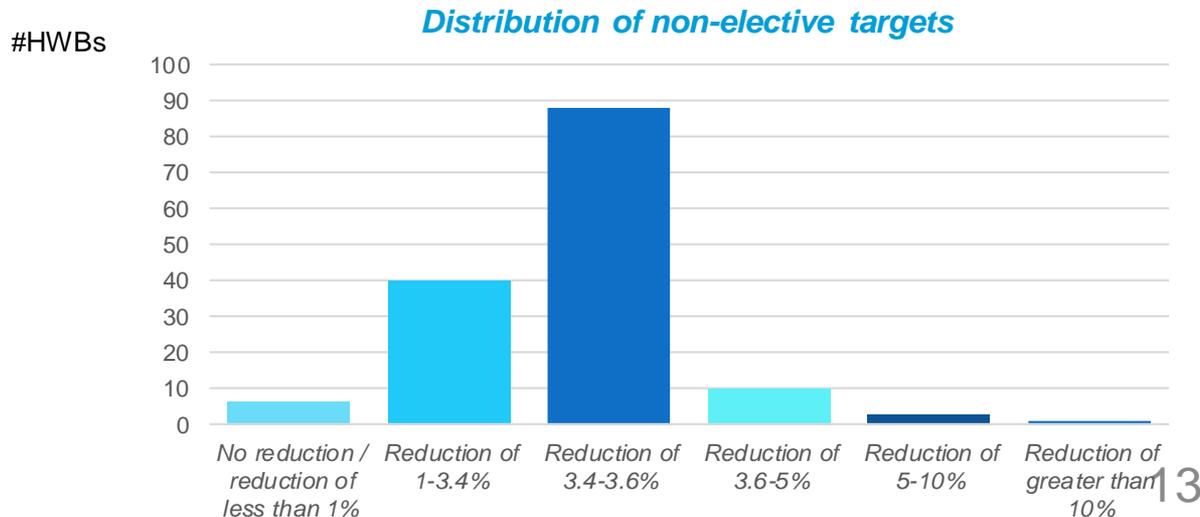
How the 165,976 non-elective activity reductions are phased



Performance metrics (2)

The non-elective targets discussed here are as submitted in final BCF plans and do not take account of changes that areas may be planning to make the operational planning process.

- There is a range in the scale of non-elective reductions being delivered by the plans
- However the vast majority have aimed at the 3.5% target with 88 HWBs (58%) having a forecast non-elective reduction of between 3.4 and 3.6%.
- Only 14 HWBs are seeking reductions of greater than 3.6% and only four of those are seeking reductions of 5% or greater. *(This has fallen slightly from 15 and six respectively)*

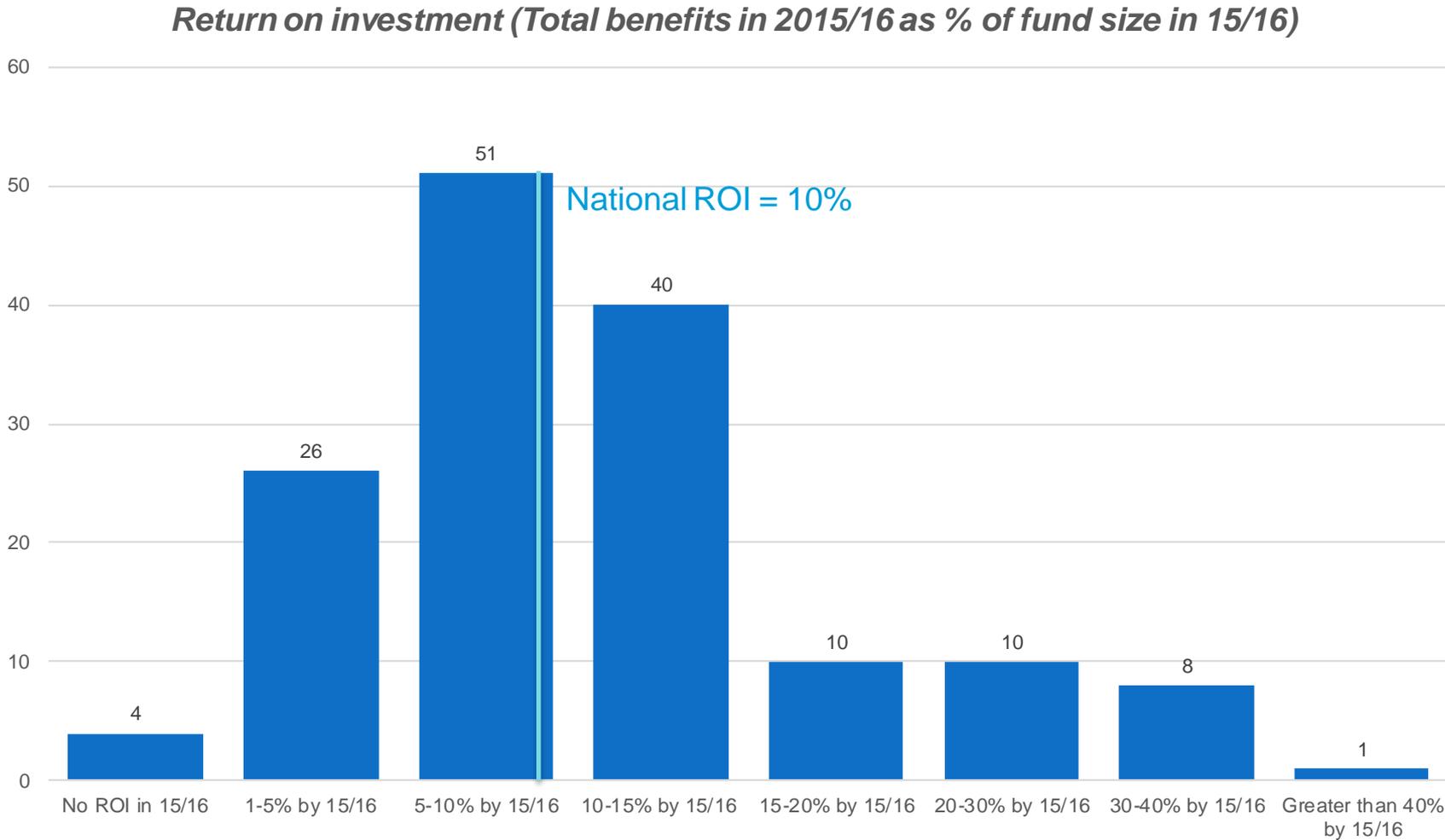


Performance metrics (3)

Metric	2 year absolute change in metric (October value in brackets)	% change over 2 years (October value in brackets)	Change in rate per 100,000 of the population (October value in brackets)	What is driving this?
Delayed Transfers of Care (# days delayed)	-84,467 (-100,962)	-6% (-7.5%)	-7.4% (-8.9%)	Improved accuracy of benefits modelling in 14 HWBs (10 of which had dedicated BCA support for this)
Reablement (number of people still home after 90 days from discharge)	+12,523 (+11,860)	+35.4% (+33.7%)	+3.5% (+3.6%)	Changes in benefits modelling in 14 HWBs (8 of which had dedicated BCA support for this)
Residential admissions (# of residential admissions)	-2,791 (-1,948)	-4.6% (-3.3%)	-11.3% (-10%)	Changes in benefits modelling in 18 HWBs (9 of which had dedicated BCA support for this)

Financial benefits (2)

- The vast majority of plans are projecting ROIs of less than 15% in 2015/16



Protection of services (1)

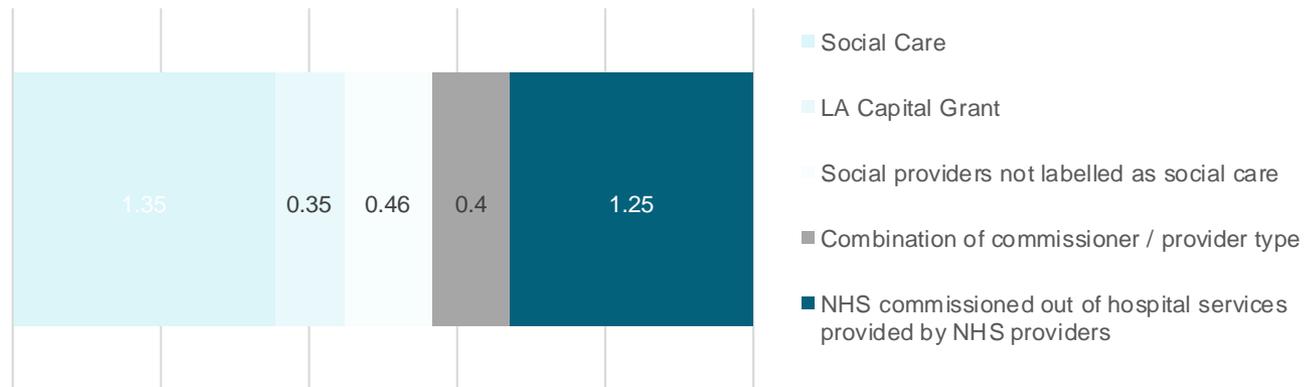
- All 151 HWB plans have been signed-off by the relevant Local Authority(ies) to confirm that **adult social care services are protected**
- All plans that had conditions in relation to the evidence they had provided on their adult social care services approach in October, have lifted these conditions through the submission of additional evidence in this phase.
- Of the £2.266bn that is being spent on social care services, **£1.593bn is dedicated specifically to the protection of adult social care services**
- In addition **£145m** has been specifically allocated to **carer-specific support**

Protection of services (2)

From the minimum contributions, the allocation of expenditure is as follows:

- Local authority minimum contribution on LA capital grants: £354m
- CCG minimum contribution: £3.46bn, invested as follows:
 - Social Care: £1.35bn
 - NHS commissioned out of hospital services with NHS providers: £1.25bn
 - Other expenditure: £0.86bn, split as follows:
 - £0.46bn on social care providers (LA, private sector, voluntary)
 - £0.4bn on other integrated services

How the £3.8bn minimum fund is spent (£bns)



Annexes

- A. Regional analysis
- B. Scheme analysis

ANNEX A: Regional analysis

Breakdown of results by NHS England region

BCF Key Facts: London

£843m

pooled in the BCF, 43% more than the minimum of £588m

14/33 HWBs pooling more than the minimum required:

300 schemes funded through the BCF

39% of schemes including a focus on reablement
39% of schemes involving integrated care provision
31% of schemes involving the provision of care at home / personalized care

Total projected savings in 15/16 of **£71.8m**

P4P pot of **£36.4m**

Non-elective activity reduction of **2.7%**

DTOCs: 9.4446 fewer unnecessary days spent in hospital
1,122 older people remaining at home 3m after discharge
167 more people supported to live independently

BCF Key Facts: Midlands and East

£1.753bn
pooled in the
BCF, **55%** more
than the
minimum of
£1.127bn

21/35 HWBs
pooling more
than the
minimum
required:

292 schemes
funded through
the BCF

35% of schemes involving
integrated care provision
31% of schemes including a
focus on reablement
29% of schemes involving the
provision of care at home /
personalized care

Total projected
savings in 15/16
of **£138.9m**

P4P pot of
£76.2m

Non-elective
activity reduction
of **3.2%**

DTOCs: 27,439 fewer
unnecessary days spent in
hospital
2,987 older people remaining
at home 3m after discharge
974 more people supported to
live independently

BCF Key Facts: North

£1.666bn
pooled in the
BCF, 42% more
than the
minimum of
£1.171bn

22/50 HWBs
pooling more
than the
minimum
required:

443 schemes
funded through
the BCF

40% of schemes involving
intermediate care provision
38% of schemes involving
integrated care provision
35% of schemes involving the
provision of care at home /
personalized care

Total projected
savings in 15/16
of **£154.9m**

P4P pot of
£82.3m

Non-elective
activity reduction
of **3.3%**

DTOCs: 4,570 more
unnecessary days spent in
hospital
4,452 older people remaining
at home 3m after discharge
898 more people supported to
live independently

BCF Key Facts: South

£1.078bn
pooled in the
BCF, **16%** more
than the
minimum of
£927m

17/33 HWBs
pooling more
than the
minimum
required:

291 schemes
funded through
the BCF

53% of schemes involving
integrated care provision
43% of schemes involving
intermediate care provision
41% of schemes involving the
provision of care at home /
personalized care

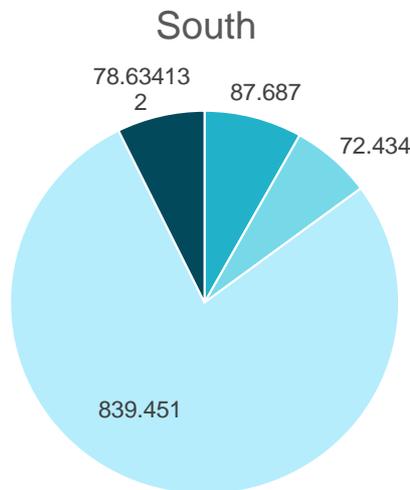
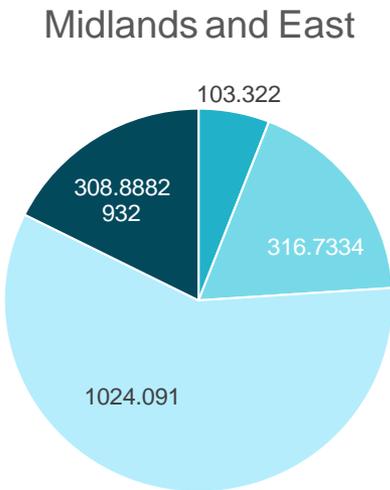
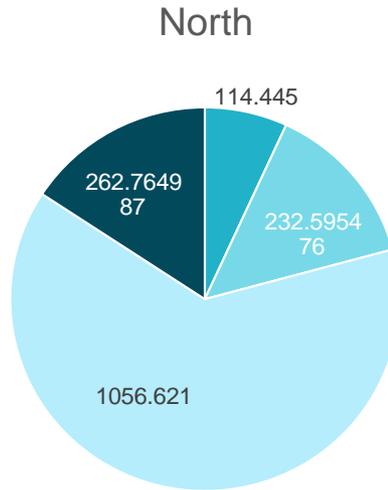
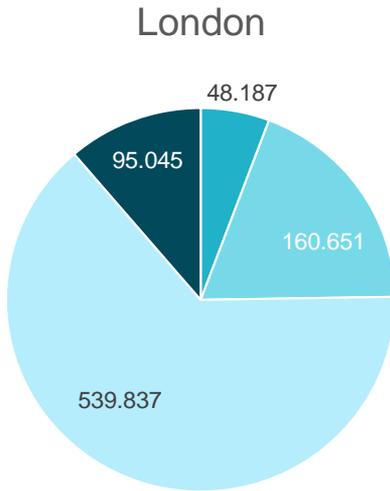
Total projected
savings in 15/16
of **£145.6m**

P4P pot of
£55.5m

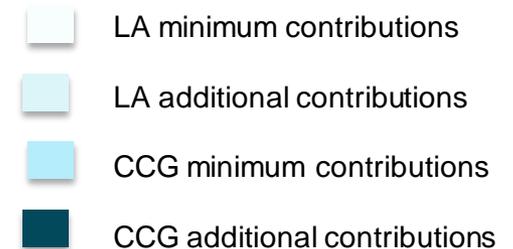
Non-elective
activity reduction
of **2.8%**

DTOCs: 52,152 fewer
unnecessary days spent in
hospital
3,963 more older people
remaining at home 3m after
discharge
753 more people supported to
live independently

Size of fund

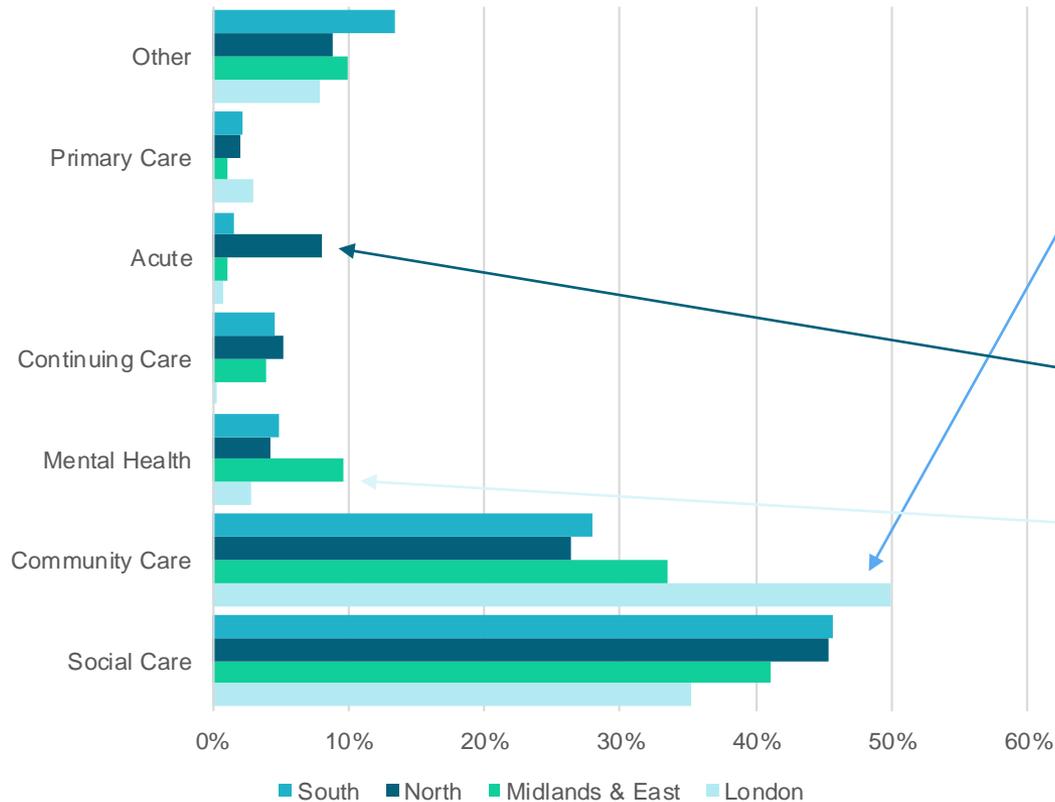


- Local Authorities and CCGs broadly matched contributions across the four regions with the exception of London where the Local Authorities contributed a significantly higher amount.
- The South had a much smaller proportion of additional funding than other regions



Expenditure from the fund (1)

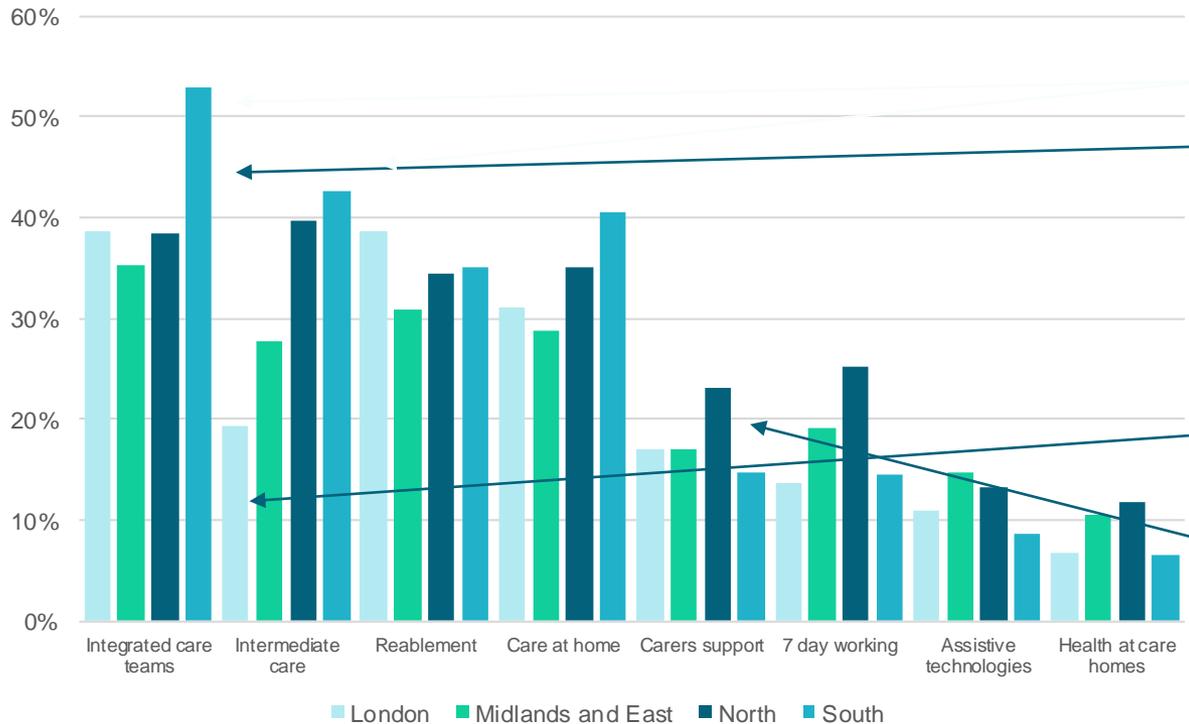
Proportion of BCF expenditure on different categories by Region



- London is the only region where Community Care expenditure was greater than Social Care expenditure
- The North is an outlier in terms of its acute spend
- The Midlands and East is an outlier in terms of its higher mental health spend

Expenditure from the fund (2)

Proportion of schemes containing different characteristics by region



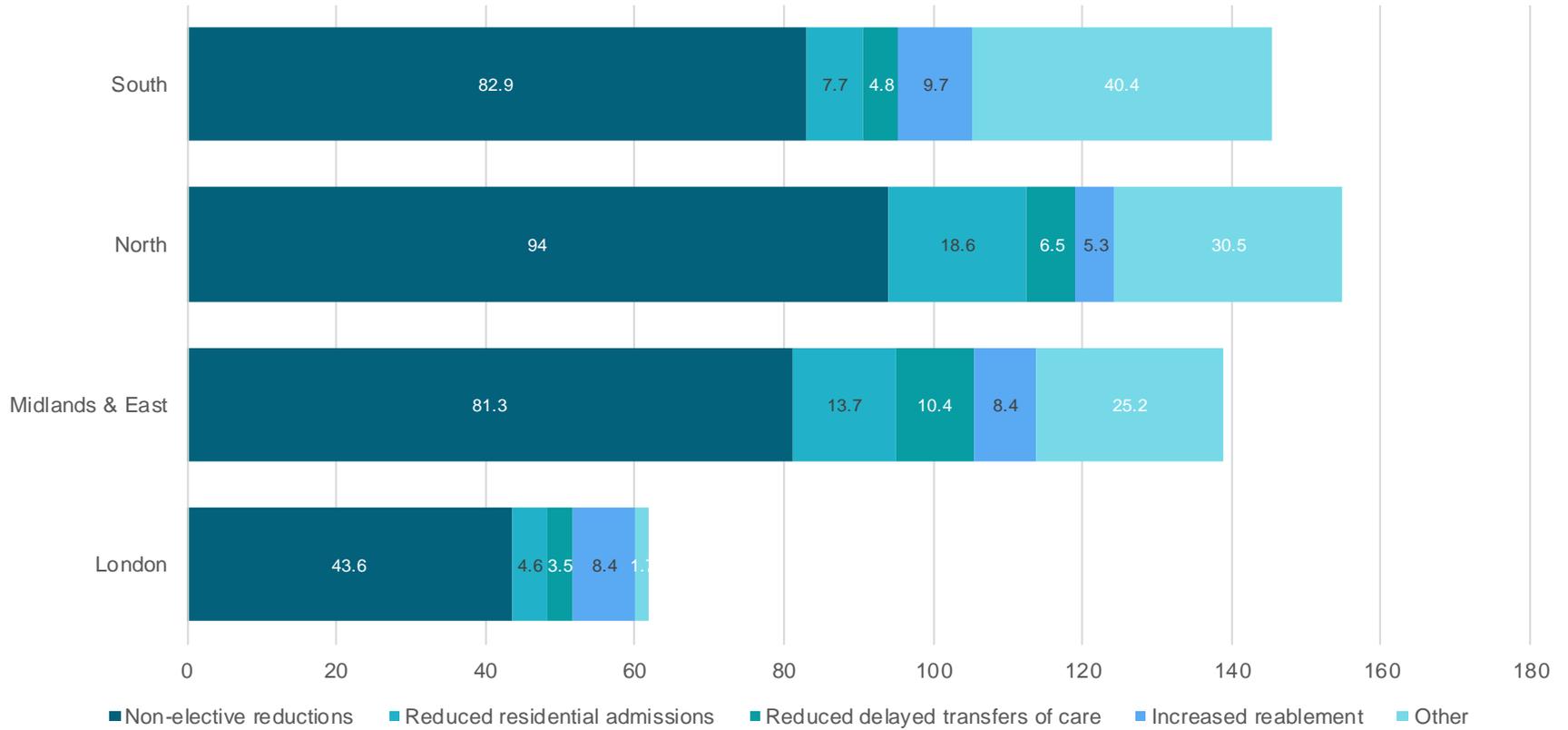
The broad distribution matches national trends, but:

- The South has proportionally more schemes looking at integrated and intermediate care
- London has relatively few schemes looking at intermediate care
- The North has more schemes addressing carer support and 7 day services

*[*This may be due to differences in the number of schemes that were described in North plans – ie schemes were defined even where it was not a new initiative]*

Benefits

Total benefits delivered by the plans by region (£m)



Performance metrics

% change in non-elective activity over P4P period



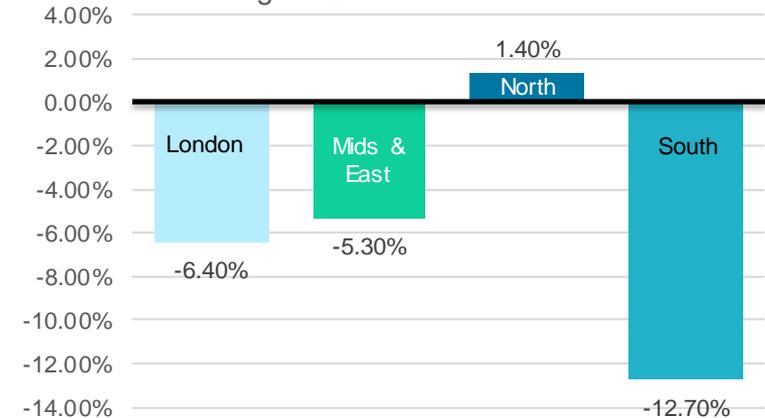
% change in reablement 13/14 to 15/16



% change in residential admissions 13/14 to 15/16



% change in DTOCs 13/14 to 15/16



ANNEX B: Scheme level analysis

Breakdown of scheme characteristics

Classification of schemes: The BCF taskforce phase 2 best practice methodologies report, identifies 8 different categories that are common amongst best practice schemes.

These categories are as follows:

Scheme	Description
Reablement services	The development of support networks to maintain the patient at home independently or through appropriate interventions delivered in the community setting. Improved independence, avoids admissions, reduces need for home care packages.
Personalised support/ care at home	Schemes specifically designed to ensure that the patient can be supported at home instead of admission to hospital or to a care home. May promote self management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term. Admission avoidance, re-admission avoidance.
Intermediate care services	Community based services 24x7. Step-up and step-down. Requirement for more advanced nursing care. Admissions avoidance, early discharge.
Integrated care teams	Improving outcomes for patients by developing multi-disciplinary health and social care teams based in the community. Co-ordinated and proactive management of individual cases. Improved independence, reduction in hospital admissions.
Improving healthcare services to care homes	Improve the quality of primary and community health services delivered to care home residents. To improve the consistency and quality of healthcare outcomes for care home residents. Support Care Home workers to improve the delivery of non essential healthcare skills. Admission avoidance, re-admission avoidance.
Support for carers	Supporting people so they can continue in their roles as carers and avoiding hospital admissions. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. Admission avoidance
7 day working	Seven day working across health and/or social care settings. Reablement and avoids admissions
Assistive Technologies	Supportive technologies for self management and telehealth. Admission avoidance and improves quality of care

Methodology

The 1,326 scheme annexes that were submitted as part of the BCF plan submissions were each manually reviewed to identify which, if any, of the eight characteristics applied to the scheme.

These results were then reviewed to identify the following:

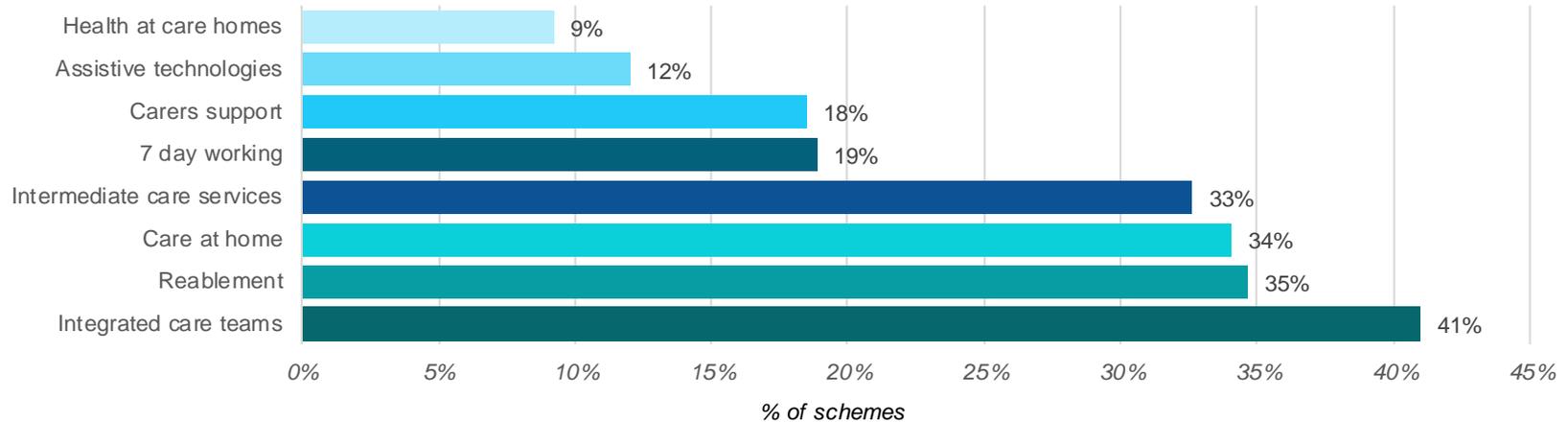
- The national trend of scheme focus – ie which schemes are proportionally more invested in (by # and £)
- The trend for each characteristic – ie is there a consensus in the adoption of these characteristics or are there any notable outliers?

Note:

This review has been a subjective quantitative review of 1,326 detailed written documents. As a result there was a risk for differing subjective interpretations. The methodology sought to minimise this the number of reviewers (three), ensuring regular dialogue between members to ensure consistency of interpretation and assurance dip-checks.

National trends (volume)

Proportion of schemes including different solution elements

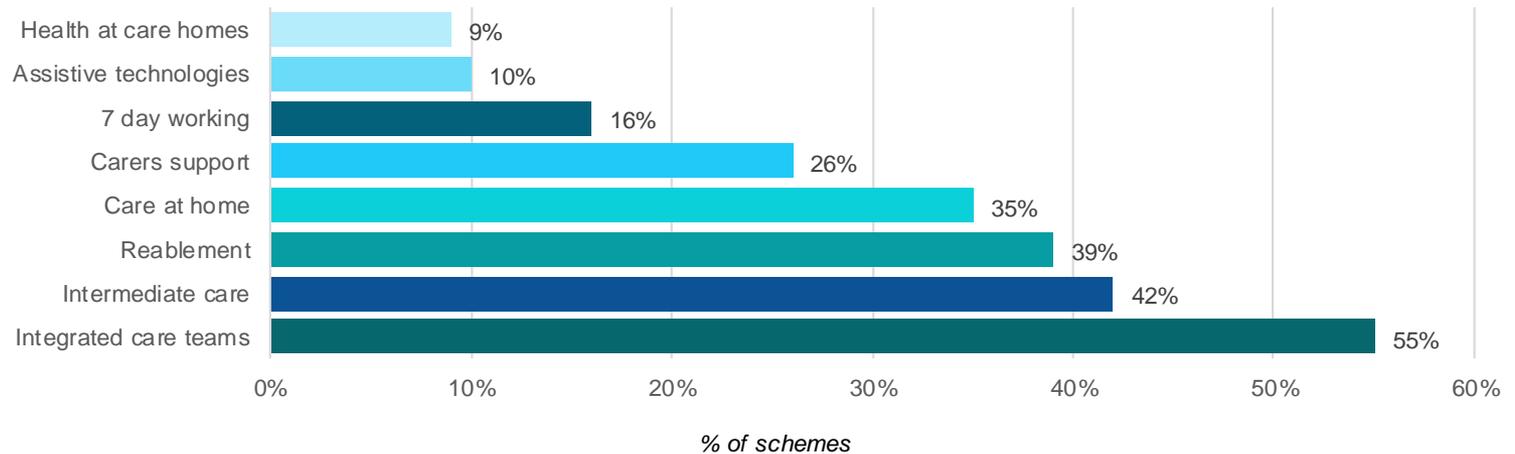


By volume

- There is a range in the scheme characteristics adopted
- The most popular schemes are integrated care, reablement, care at home / personalised care and intermediate care
- This suggests a national focus on the provision of joined-up health and social care services in the community and at home, to keep individuals well / healthy

National trends (expenditure)

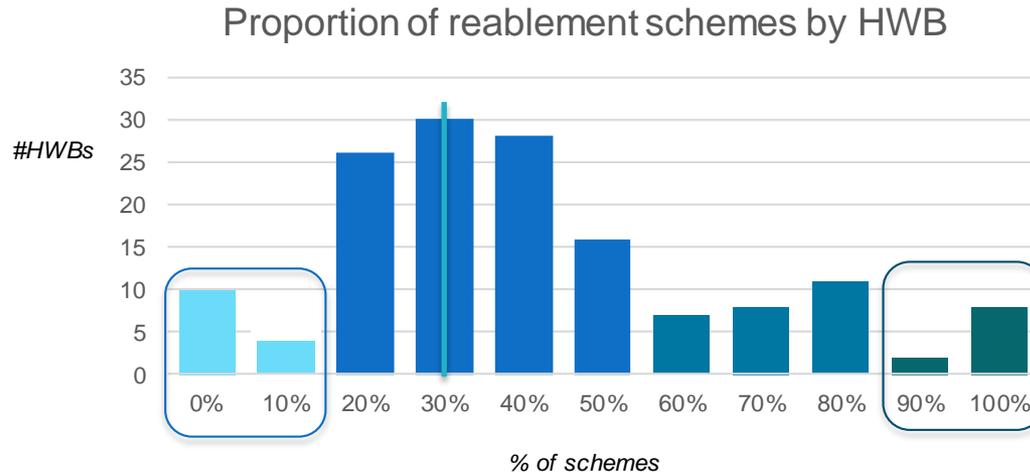
Proportion of scheme expenditure on different scheme types



By expenditure

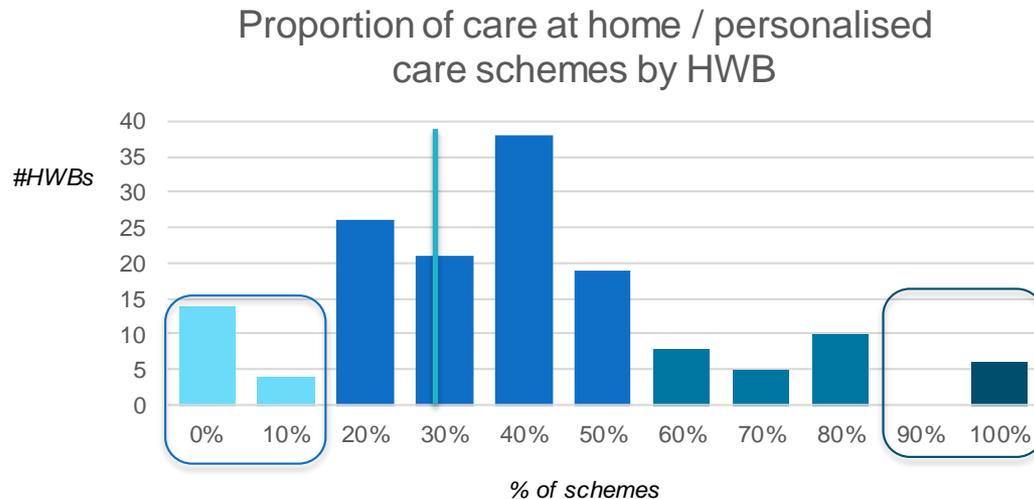
- There is still a range in the scheme characteristics adopted, although it is clear that some schemes types appear to be proportionally more expensive than others.
- The most invested in schemes are integrated care, intermediate care, reablement, and care at home / personalised care.
- Schemes involving carers support account for 18% of schemes, but 26% of scheme investment. This may be because many HWBs have social care related schemes as a single larger scheme, rather than multiple smaller schemes

Trends by characteristic: Reablement



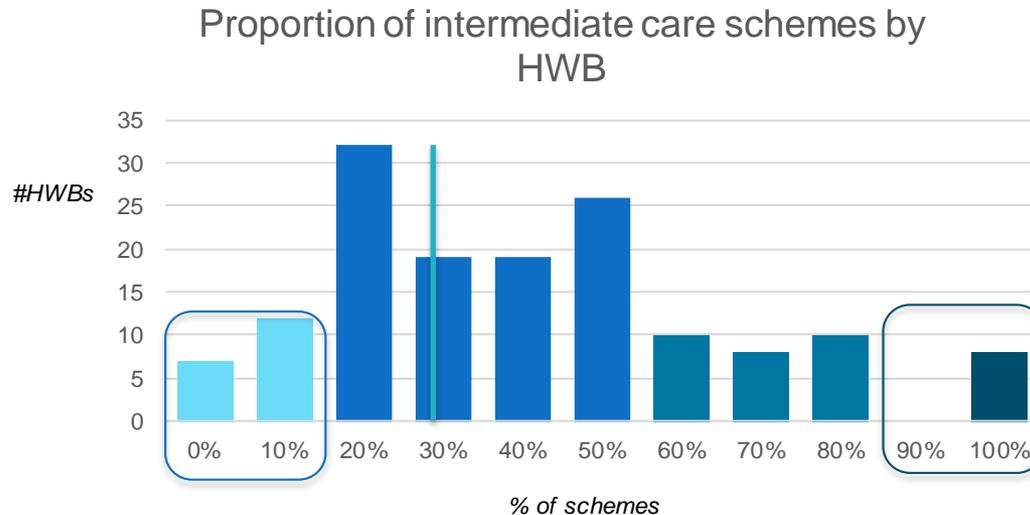
- There are very few HWBs that don't have a large focus on reablement (14 have 10% or fewer of schemes that are focused on reablement)
- The vast majority of HWBs fit with the national trend of 35% (over 80 HWBs have between 10 and 60% of schemes that are reablement focused)
- There is a small sample of plans that are almost exclusively focused on reablement / where all schemes have a reablement element.

Trends by characteristic: Care at home / personalised care



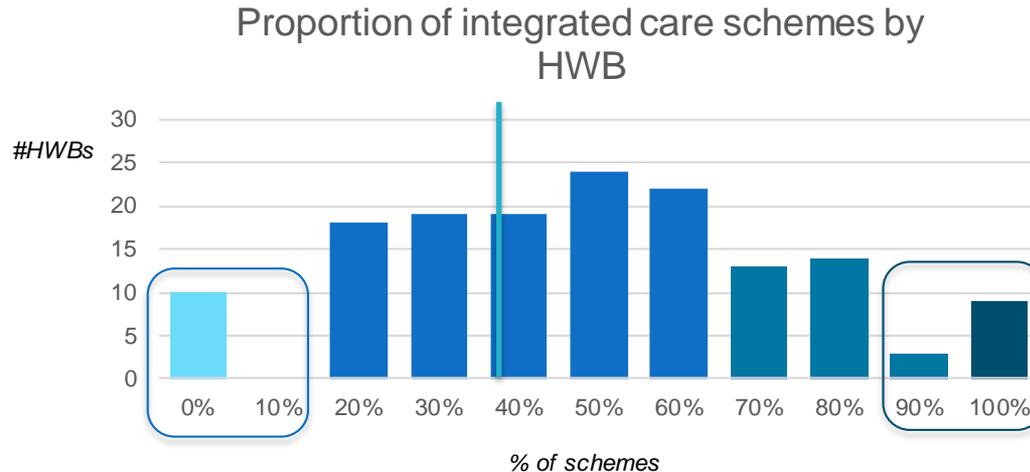
- There are some HWBs that don't have a large focus on personalised care / care at home (18 have 10% or fewer of schemes that are focused on personalised care / care at home)
- The vast majority of HWBs fit with the national trend of 34% (over 100 HWBs have between 10 and 60% of schemes that are personalised care / care at home focused)
- There is a very small sample of plans that are almost exclusively focused on personalised care / care at home or where all schemes have a personalised care / care at home element.

Trends by characteristic: Intermediate care



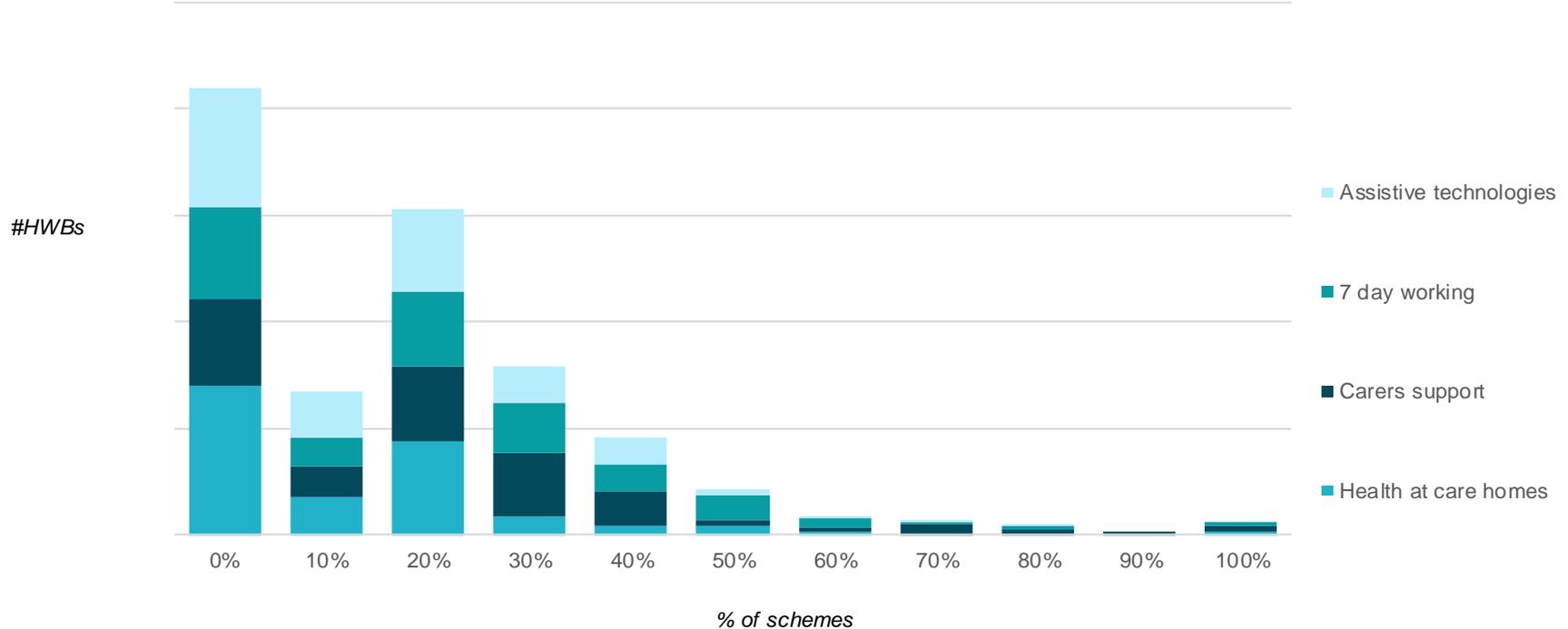
- There are some HWBs that don't have a large focus on intermediate care (19 have 10% or fewer of schemes that are focused on intermediate care)
- The vast majority of HWBs fit with the national trend of 35% (almost 100 HWBs have between 10 and 60% of schemes that are intermediate care focused)
- There is a small sample of plans that are almost exclusively focused on intermediate care / where all schemes have a intermediate care element.

Trends by characteristic: Integrated care teams



- There are very few HWBs that don't have a large focus on integrated care (10 have 10% or fewer of schemes that are focused on integrated care)
- The vast majority of HWBs fit with the national trend of 41% (over 90 HWBs have between 10 and 60% of schemes that are integrated care focused)
- There is a small sample of plans that are almost exclusively focused on integrated care / where all schemes have a integrated care element.

Trends by characteristic: Other characteristics



- The trend for the other four scheme characteristics (7 day services, assistive technologies, carers support and health at care homes) fits the national trend as there are very few HWBs where these characteristics are present in more than 30% of schemes
- This may be due to the fact that some of these have not been defined through schemes but rather as system requirements (eg 7 day services or carers support).

Conclusions

There is no one-size fits all model, and for all of the categories, there are HWBs who exhibit different trends / areas of focus. Equally though this difference is in some cases due to the different ways some HWBs approached the task. In particular:

- Completion of one or two large catch-all scheme templates means that 100% of schemes fell into certain categories just because there were few schemes
- A sub-regional / sub-HWB geographic focus in some schemes caused the plans to be catch-all for those geographies, meaning that the vast majority of schemes had multiple characteristics
- Some HWBs are genuinely focused on a more narrow range of schemes
- Some HWBs did not complete scheme annexes for all BCF expenditure, only for new schemes. As a result a number of existing initiatives relating to social care and seven day services may have been under-counted.