

## **Lancashire Health and Wellbeing Board**

Meeting to be held on 25<sup>th</sup> January 2018

### **Lancashire Better Care Fund – 2017/19 Update**

(Appendices 'A', 'B' and 'C' refers)

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#### **Executive Summary**

The purpose of this report is to inform the Lancashire Health and Wellbeing Board of:

##### **1. Improved Better Care Fund (iBCF) slippage allocation**

Following an approach sanctioned by the Health and Wellbeing Board, the Chair, County Councillor Shaun Turner led a process of proposal, scrutiny, review and approval of allocation of iBCF slippage monies in December 2017. The allocations and process followed were set out in a letter to the board on 22 December 2017.

Mobilisation of activity begun soon afterwards and detail of spend, activity and impact will be reported back to the board in March 2018.

##### **2. Delayed Transfers of Care (DToC) performance update**

Data for DToC performance is now available for October and November 2017 and shows a continuation of failing to meet targets. This is especially so against the target for November that was centrally set.

However, there is an acknowledgement by the Secretaries of State for Communities and Local Government and Health that there has been improvement against DToC in Lancashire in a letter to the Leader of Lancashire County Council that removed the possibility of reduction in 2018/19 iBCF allocations.

DToC performance data by hospital provider highlights possible variations in DToC identification and recording practice. This is being looked at through shared scrutiny and learning. A report on this will be presented to a future Health and Wellbeing Board meeting.

##### **3. Better Care Fund (BCF) and iBCF governance**

The BCF Steering Group is to review governance arrangements and is seeking input from all partners individually, and collectively through the Health and Wellbeing Board. Its conclusions and recommendations will be brought to the board for consideration.

## **Recommendations**

The Health and Wellbeing Board is recommended to:

- i) Confirm the decisions made by County Councillor Turner, on its behalf, for allocation of iBCF slippage monies.
- ii) Note the level of performance of DToC for October and November 2017 against the trajectory set for those months.
- iii) Note the decision set out in the letter of 5 December 2017, from the Secretaries of State for Communities and Local Government and Health, not to review Lancashire iBCF allocations for 2018/19.
- iv) Provide observations, comments and guidance for the BCF Steering Group to help it produce proposals for revised governance arrangements for the BCF and iBCF in Lancashire.

## **Improved Better Care Fund (iBCF) slippage allocation**

The Health and Wellbeing Board at its meeting of 14 November 2017 agreed that slippage of iBCF monies in 2017/18 should be managed outside of the board subject to ratification by the Chair of the Board.

A meeting was held on 14 December 2017 attended by A&E Delivery Board chairs, Lancashire County Council representatives, NHS England North and County Councillor Shaun Turner, as Health and Wellbeing Board Chair. The meeting consisted of several presentations for the proposed use of the identified £2.8m slippage in 2017/18. A peer review of all proposals was carried out by those present and the conclusions and recommendations of that considered by County Councillor Turner on behalf of the Health and Wellbeing Board.

County Councillor Turner wrote to all members of the Health and Wellbeing Board, on 22 December 2017, setting out his decisions made and giving greater detail of the decision-making process and breakdown of allocations. That letter is attached at Appendix A.

In addition to the allocations identified through the meeting £120,000 allocation to supporting the voluntary sector Active Ageing Alliance initiative was approved by County Councillor Turner. This is in line with a commitment made by the BCF steering group in July 2017.

All parties were informed of the outcome of the decision-making processes and have now mobilised against the proposals. Detail of spend, activity and impact will be reported to the meeting of the Health and Wellbeing Board in March 2018.

## Delayed Transfers of Care DToC Performance Update

The table below gives the required trajectory and latest data available for DToC in Lancashire. December data will be available in February 2018.

Trajectory	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	1826.0	1718.9	1611.8	1624.3	1276.9	1319.1	1318.8	1191.6	1318.3
Social Care attributed delayed days	2,436.0	2,436.0	2,436.0	2,436.0	747.8	772.8	772.8	698.0	772.8
Jointly attributed delayed days	237.4	223.5	209.5	211.2	177.9	183.8	183.8	166.0	183.8
<b>Total Delayed Days</b>	4499.4	4378.4	4257.4	4271.4	2202.6	2275.6	2275.3	2055.5	2274.8
Actual	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	1,911.00	1,780.00	1,922.00	2,472.00	2,216.00				
Social Care attributed delayed days	2,824.00	2,306.00	2,218.00	1,872.00	1,936.00				
Jointly attributed delayed days	162.00	297.00	371.00	365.00	395.00				
<b>Total Delayed Days</b>	4,897.00	4,383.00	4,511.00	4,709.00	4,547.00	0.00	0.00	0.00	0.00
% variation	8.84	0.11	5.96	10.24	106.44				

Although overall delayed days remain roughly stable, they continue to be above target most significantly so for November when the centrally prescribed, highly challenging, targets began.

The Board was advised in November 2017 that a joint letter from the Secretaries of State for Communities and Local Government and Health to County Councillor Geoff Driver, Leader of Lancashire County Council, set out that there would be close monitoring of DToC progress and potential for detailed review of 2018/19 iBCF allocations.

A subsequent letter (Appendix B), to the Leader of the Council, of the 5<sup>th</sup> December 2017 stated:

*"In reviewing the data, we note that your council is either not in the bottom quartile and/or has shown improvement against at least one of the factors above. As a result, we can confirm that there will be no impact on your additional iBCF allocation in 2018/19. However, you will appreciate that it remains crucial we are as well prepared as we can be going into winter and your continued efforts to reduce social care DToC in line with your trajectory are essential."*

This recognises progress made and reflects the level of activity from all partners to address DToC in Lancashire against a background of high demand and increasing complexity.

DToC data is also provided at an acute hospital provider level. The table sets out a breakdown for each of the major providers in Lancashire. It can be seen from this that most providers follow a similar pattern in the DToC level. The exception to this has been that at Lancashire Teaching Hospitals Trust that has stimulated great discussion as to factors that may have affected this and scrutiny of the methods used to identify, record and report DToC.

Provider (Nov-17 totals)	Sum of NHS Days	Sum of Social Care Days	% of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	202	225	11.60%	135	562
EAST LANCASHIRE HOSPITALS NHS TRUST	376	220	11.40%	114	710
LANCASHIRE CARE NHS FOUNDATION TRUST	76	120	6.20%	120	316
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	1044	1151	59.50%	6	2201
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	83	1	0.10%	0	84
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	327	104	5.40%	19	450
PROVIDERS OUTSIDE LANCASHIRE	108	115	5.8%	1	224
<b>Grand Total</b>	<b>2216</b>	<b>1936</b>	<b>100.0%</b>	<b>395</b>	<b>4547</b>

The above table was extracted from the November 2017 DToC report produced by Lancashire County Council Business Intelligence unit (Appendix C).

To help move to a more standardised approach to DTOC identification, recording and reporting a workshop took place on 12 January 2018 that brought together representatives from all hospital trusts, CCGs and Lancashire County Council. This enabled deeper scrutiny of methods used, comparison across areas and challenge by peers supported by facilitation by Liz Sargeant OBE, Integration Health & Social Care Lead on the NHS Emergency Care Improvement Programme.

The workshop recognised differences and made some progress towards standardisation. The approach to be taken is to continue with current practices so as not to introduce imbalance in metric data in year, run parallel “improved” recording if appropriate and then look to introduce an agreed approach across all health economies in Lancashire by April 2018.

### **BCF and iBCF Governance Arrangements**

At its meeting of 14 November 2017, the Health and Wellbeing Board supported the continuing role of the BCF Steering Group while acknowledging a need to review the BCF and iBCF governance arrangements to reflect the changing Health and Social Care planning and delivery environment.

The next stage in this review will begin at the meeting of the Lancashire BCF Steering Group on 26 January 2018. The group would welcome observations and comments from the Health and Wellbeing Board to guide the work on this to enable recommendations to be made back to the Health and Wellbeing Board at its meeting in March 2018, looking to implementation in 2018/19.