

Lancashire Health and Wellbeing Board

Meeting to be held on 20 March 2018

Lancashire Better Care Fund 2017/19 update

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Executive Summary

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

1. BCF Quarter 3 2017/18 report

Non-elective admissions exceed target by 4.3%

The Q3 performance position for **Permanent admissions to residential and nursing care homes** is 31 admissions over target (2%).

The effectiveness of reablement continues to be demonstrated with increasing numbers of users 1304, with 1140 of those still at home after 91 days.

2. Delayed Transfers of Care (DToC) performance update

There were 7.4% less recorded delayed days than in the same period last year. However, this is 50% above the target set centrally. Some improvement against that target can be seen between November and December. During the quarter the balance between NHS and Social Care attributable delays has shifted slightly to Social Care attributable delays being the greater.

The latest available data, January 2018, shows a continuation of the overall improvement.

3. DToC support

An offer from the national Better Care Support Team of support been accepted by the BCF steering group. This is in the form of DToC diagnostic support to be provided by Newton Europe that will add to that commissioned by Lancashire County Council and connect with that already undertaken in Pennine Lancashire and Fylde Coast.

4. DToC Check and Challenge...next steps

The System Wide and High Impact Change Model specific challenges, ideas and actions that came from the DToC Check and Challenge session are forming the basis of an action plan that will connect the delivery through BCF, A&E delivery boards and the Urgent and Emergency Care Network.

5. BCF and iBCF planning 2018/19 and beyond

In the immediate future planning will mainly focus on shaping the use of iBCF with the BCF plan remaining closely to its present form.

In the longer term BCF remains central to policy on driving integration and shaping delivery of NHS and social care services. The planning process especially beyond 2018/19 requires the direction of the Health and Wellbeing Board.

Recommendations

The Health and Wellbeing Board is recommended to:

- i) Note the performance against the BCF metrics as referenced in 1 & 2 above.
- ii) Note the DToC support offer.
- iii) Approve the approach to coordinate the DToC support with all other DToC work and confirm the planned outputs and outcomes as set out to the board in the presentation.
- iv) Review and confirm the actions set out in the Check and Challenge action plan as presented to the board.
- v) Agree the approach to be taken to BCF and iBCF planning and provide challenge direction, knowledge and leadership to this.

2017/18 Quarter 3 BCF report

NHS England required that the quarterly report be submitted on the 19 January 2018. This timescale did not allow for full and validated data to be submitted, this was acknowledged by NHSE and estimated data for December was required and provided.

This report provides a complete and validated BCF performance position for Q3.

BCF performance metrics

Non-elective admissions

The total number of non-elective admissions in Q3 was 41,302. This represents a variance of +4.3% against the BCF target of 39,580 and a variance of +3.8% against the same quarter in 2016/17 (39,791).

Non-elective admissions have been higher than target for all of 2017/18 but did remain below 2016/17 levels until October 2017.

Permanent admissions to residential and nursing care homes

Lancashire	Permanent admissions to residential and nursing care homes (age 65+)	Permanent admissions per 100,000 population 65+
2016/17 Actual	1,795	742.3
2017/18 Plan target	1,795	734.2
2017/18 Q1 (Jul-16 to Jun-17)	1,892	782.4
2017/18 Q2 (Oct-16 to Sep-17)	1,883	778.7
2017/18 Q3 (Jan-17 to Dec-17)	1,826	755.1

NB Quarterly data is based on a rolling 12 month period up to and including that quarter.

The Q3 figure of 1826 admissions for the rolling year is a slight improvement on the Q2 figure of 1883 but has not achieved the BCF target of 1795. This must be considered against the background of much increased social care assessment activity.

The Effectiveness of Reablement Services

Q3 figures show a further improvement in that 1304 people were offered these services for the period compared with Q2 figures of 1214 people. This exceeds the 2017/18 Better Care Fund target of 1000.

Lancashire outcome figures for Q3 monitor the whereabouts of these individuals and indicate 1140 (87.4%) were still at home after 91 days. This compares favourably with the 2016/17 national average of 82.5% and with the Lancashire 2017/18 Better Care Fund target of 84.0%.

Delayed Transfers of Care (DToC)

In Q3 there were 13,159, all cause, delayed days recorded. This is 7.1% below the level experienced for the same period in 2016/17 (14,172) but 50.0% above the target set centrally (8,750) for the quarter.

The table below shows the breakdown of the delays across health and social care.

	Lancashire DToC			
Month	NHS Days	Social Care Days	NHS and Social Care Days	Total Days
Oct-17	2472	1872	365	4709
Oct% of total	52	40	8	
Nov-17	2216	1936	395	4547
Nov% of total	49	42	9	
Dec-17	1661	1811	431	3903
Dec% of total	43	46	11	
Q3	6349	5619	1191	13159
Q3 % of total	48	43	9	

For the quarter 48% of delays were attributable to the NHS, 43% to Social care and nine jointly attributable.

During the quarter the balance between NHS and Social care attributable delays shifted to a position for December where social care attributable delays were the greater.

The following table presents the data against the centrally defined targets. As can be seen the required trajectory is extremely challenging although there is identifiable improvement between November and December that is continues into January.

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
Total Delayed Days	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	1911.0	1780.0	1922.0	2472.0	2216.0	1661.0	1557.0		
Social Care attributed delayed days	2,824.0	2,306.0	2,218.0	1,872.0	1,936.0	1,811.0	1,634.0		
Jointly attributed delayed days	162.0	297.0	371.0	365.0	395.0	431.0	288.0		
Total Delayed Days	4897.0	4383.0	4511.0	4709.0	4547.0	3903.0	3479.0		
% variation	8.84	0.11	5.96	10.24	106.44	71.51	52.90		

DToC support

Members of the board will recall that previous reports have referred to letters from the secretaries of state for Communities and Local Government and Health expressing concern at the level of DToC in Lancashire the potential for review of the approach being taken and possible reduction of iBCF monies.

That path has not been followed and instead an offer of support to the Lancashire Health and Social Care system has come from the national Better Care Support Team. This is in the form of DToC diagnostic support that has been commissioned from Newton Europe. This is in addition to work commissioned by Lancashire County Council using iBCF and will add to work previously carried out by Newton Europe in Pennine Lancashire and the Fylde Coast.

A presentation of the latest outline/ scope/ plan of the work will be provided to the board.

DToC check and challenge

The Board received a verbal report from the DToC check and challenge session, held on 8 January 2018, at its January meeting.

The outputs from that session in the form of *System Wide* and *High Impact Change Model* specific *challenges*, *ideas* and *actions* are being reviewed in terms of status, progress and planned action.

The BCF steering group has picked up the ownership of this work and is keen that it generates coordinated activity across the BCF, A&E delivery boards and the Urgent and Emergency Care Network.

The latest version of the action plan will be presented to the board.

BCF and iBCF planning 2018/19 and beyond

The planning process undertaken in mid-2017 produced a two year BCF plan as required from all Health and Wellbeing Board areas.

Following the announcement of the iBCF allocations further planning was undertaken to make the best use of this funding and subsequently slippage identified. Previous reports to the board provide detail of this.

As yet only the *Integration and Better Care Fund planning requirements for 2017-19* document, originally produced in July 2017, has been reissued as an annex to *Technical Guidance for Refreshing NHS Plans 2018/19*.

Better Care Fund Operational Guidance is awaited.

The BCF steering group has considered the approach to be taken into 2018/19 and beyond and recommends;

1. That the focus for immediate planning will be on shaping iBCF schemes for 2018/19 based on the learning of this year, including that through the Check and Challenge session, and making more effective use of resources in a more integrated manner.
2. For most part the BCF plan will remain the same with its schemes to continue. Some reshaping may be necessary to reflect changing circumstances and opportunities. This will be based closely on ongoing review of effectiveness of these schemes.
3. The year 2018/19 will be used to shape a more radical use of the whole of BCF into 2019/20.

Some of the key questions that will drive that planning include:

- How do we build the focus on using the BCF to integrate?
- How can we be more ambitious in using the BCF?
- What other joint spend could be included and better managed through the BCF? e.g. SEND
- What has been shown to work?
- What do we think works and how do we prove it?
- Where can we gain by rationalising where we have duplication and overlaps in services?
- How do we make the best use of all resources available not just health and social care. i.e. continue to enable and grow the input and commitment from partners in the voluntary sector and district councils? And beyond?

The Health and Wellbeing Board is asked to direct and influence the discussion and debate that is needed to take the BCF to the next stage.

Nationally the BCF remains central to policy on driving integration and addressing the key issues around managing and maintaining delivery of services through the NHS and social care. It does therefore confirm the boards role in shaping this until at least 2020.