

## **Lancashire Better Care Fund Annual Performance 2017/18**

### **Metrics for the Lancashire Health and Wellbeing Board**

- **Residential and Nursing Home admissions**

During 2017/18 there were a total of 1761 permanent admissions (65yrs+) to residential and nursing homes, 728.3 per 100000 population (65+). This is better than the target of 734.2 and the actual of the previous year of 742.3.

- **Reablement**

Reablement was taken up by a quarterly average of 1215 people against a target of 1000. The quarterly average success was 86.75% of those people being at home 91 days after discharge from hospital against a target of 84.00%.

- **Non- elective admissions (NEL)**

NELs were 155,711 NELs during 2017/18, 2.4% below the target of 159,601. Q4 NELs were 40,160 2.5% over target.

- **Delayed Transfers of Care (DToC)**

There was significant national and local focus on DToC during 2017/18 that highlighted the split in NHS and social care attributable delays, saw the imposition of extremely challenging revised targets and the allocation of improved Better Care Fund monies expected, at least in part, to address the DToC challenge.

During the full year there were 51,599 delayed days against the full year target of 41,624. This represents a variance of 24%. As previously reported performance has improved in quarters 3 and 4 but due to the revised targets Q4 variance from target was 60%.

The latest data shows that in April 2018 there were 3423 delayed days a continuing improvement. When set against the March target of 2275 delayed days that shows a variance of 50%.

For the year there were 23,987 NHS and 24,156 Social Care attributable delayed days. The balance changed within the year with social care attributable delays reducing. In Q4 there were 5,820 NHS and 4,082 Social Care attributable delayed days.

### **BCF progress**

The year has seen many positives for the BCF. The shared ownership of DToC by the whole of the system has seen a high level of scrutiny at local and county level including a system leader check and challenge session in January 2018. This has had a positive effect in helping direct resources to best have an impact and seen all partners be clear on their responsibilities. As a result, there has been significant progress towards meeting DToC targets.

The joint approach has been seen not only in the delivery of the plan itself but also in the effective coming together around planning for use of the additional £28m iBCF, announced in year, managing the slippage that arose and ensuring that activity was appropriately directed to implementing *High Impact Change Model* for managing transfers of care.

A further significant area of progress, of wider integrated working, has been the continuing engagement with and input from the Voluntary sector and District Councils.

The Voluntary Sector has created the "Active Ageing Alliance" and through it is working to develop and deliver a model of service provision that can be delivered across Lancashire as part of the emerging integrated models of care within the integrated neighbourhood team arrangements.

District Councils are playing a key role in developing new ways of using resources and meeting the aims of the BCF. In Fylde and Wyre, a District Council led development of "Wyre and Fylde Independent Living Partnership", partly funded through iBCF, is looking to place support to stay at home at the forefront of improving outcomes across health and wellbeing. It has highlighted opportunities focussed on the work of Care and Repair, the delivery of Disabled Facilities Grants, improved collaborative working and pathway redesign.

### **Lancashire Better Care Fund Financial Performance 2017/18**

The financial performance of the fund was in line with plan.

Planned and actual income and expenditure was £122,032,963.

This was made up of:

Disabled Facilities Grant	£	12,564,947
Improved Better Care Fund	£	28,096,072
CCG Minimum Fund	£	81,371,944
Total	£	122,032,963

### **Delayed Transfers of Care Diagnostic**

The diagnostic work funded by NHSE and LGA and carried out by Newton Europe at Lancashire Teaching Hospitals Trust began in late May. To date:

- The Assessment has been completed and leadership survey has been completed.
- The findings have been shared with partner leaders individually who have positively received them.
- Findings, both technical and cultural, were shared at a stakeholder summit on 25<sup>th</sup> June and laid open for discussion and challenge.
- There was consolidation of the key messages and themes of improvement.
- Stakeholders considered:
  - How to build the themes of improvement into plans across the system considering:
    - Do the themes already exist in plans?
    - Who will own the themes and associated actions?
    - How they will be prioritised
    - Identify the capacity to mobilise against the themes.
    - Identify project enablers such as: Data and informatics, HR, Communications, PMO, Finance, Design leads etc
    - Agree targets and trajectory of improvement, including a broad suite of KPIs.

- The nature and format of a second summit, owned by local stakeholders, to launch the work

## **Lancashire Better Care Fund Planning**

The current BCF and iBCF plan covers 2017 to 2019. Having a two year plan has avoided the need for a protracted planning process. The change management process will ensure that any amendments, in year, receive HWB approval.

On the 18th of June the secretary of Health and Social Care made a statement following the Prime Minister's announcement on future funding plans for the NHS. In his statement, he reiterated the importance of the full integration of health and social care and the role of the Better Care Fund.

Intelligence from the Integration and Better Care support team indicates that 2019/20 will remain as a transitional year with limited changes. More significant changes will potentially be explored for the BCF starting from 2020/21.

It is anticipated that there will be some clarity on this when the social care Green Paper is published in the autumn around the same time as the NHS plan.

It is also anticipated that it will enable planning to be more clearly aligned with that of the Lancashire and South Cumbria Integrated Care System (ICS).