

## **Lancashire Health and Wellbeing Board**

Meeting to be held on 29<sup>th</sup> January 2019

### **Lancashire Better Care Fund Quarterly Report and Update**

Appendix 'A' refers

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#### **Executive Summary**

##### **Better Care Fund Metrics**

1. Reablement - performance continues to be better than target with 88.2% of people being at home 91 days after discharge from hospital and an increase in the number of those using the service.
2. Permanent admissions to residential and Nursing Care - for the full year up to the end of Q2 performance has improved slightly and remains better than plan. However, Lancashire still has a high rate of admission to permanent residential and nursing home care for older people.
3. Non-elective admissions - from a position of being above plan in Q3 2017/2018 actual has decreased gently to being better (below) plan in Q2 2018/2019.
4. Delayed Transfers of Care - performance has been better (below) target. However, this disguises that Delayed Transfers of Care increased in September to above plan and are continuing to do so.

##### **The future of the Better Care Fund/Integration**

The NHS Long Term plans confirms the continuation of the Better Care Fund into 2019/2020 but with a national review of it underway. The review outcome and planning framework are promised soon.

Alongside this review and the anticipated new framework, planning of a Lancashire wide review is underway that will reset the Better Care Fund in a context of integrated care system proposals for the integration of health and social care.

##### **Active Ageing Pilot**

The Better Care Fund Steering Group has considered the proposal and recommends that this is not supported at this time.

## Recommendations

The Health and Wellbeing Board is recommended to:

- i) Note the performance against the Better Care Fund metrics.
- ii) Note the national indications of continuation of the Better Care Fund subject to a review and new planning framework.
- iii) Note the local plans to review the Lancashire Better Care Fund in a broader context of integration
- iv) Require a detailed report on Better Care Fund and integration once both reviews are complete and full planning frameworks and guidance are available.
- v) Agree to the recommendation of the Better Care Fund Steering Group not to support a pilot of the Active Ageing Alliance pilot.
- vi) Agree to the Better Care Fund Steering Group identifying a nominee for the position of Chair of that group and for the confirmation of that nomination to be ratified by the Chair of the Health and Wellbeing Board.

## Background

The Health and Wellbeing Board is required to receive regular progress reports and updates on the delivery and development of the Better Care Fund plan.

This report covers Quarter 2 of 2018/19 for the 2017/19 BCF plan. The time lag in reporting is due to the period required for validation and publication of data.

The report also considers development of the Better Care Fund and integration and provides feedback from the Better Care Fund Steering Group on the proposal for an Active Ageing Alliance initiative pilot.

### List of background papers

- [Link](#) to The NHS Long Term Plan
- NHS Long Term Plan summary ...attached

## Quarterly Performance

Progress of delivery of the Better Care Fund is based on four measures:

### Reablement

The target for this measure is that 84% of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Performance has consistently been better than this and for Q2 was 88.2%.

The number of people accessing reablement services has increased from 998 in Q1 2017/18 to 1399 in Q2 2018/19.

### Permanent admissions of older people to residential and nursing Home Care

While the performance against this metric is better than target at 729.7 actual against 732.9 target it does appear that reduction has flattened over the last two years.

The measure is given as a rate per 100,000 population 65 years and over so takes into account the continuing increase of the population in that age group. Lancashire continues to be a relatively high admitter of people to permanent care when compared to other authorities. This suggests that a more demanding target is required along with increased focus on providing alternative provision and pathways of care.

This is already a feature of the County Council's own performance and savings targets for the next 4 years which have formed part of the Service Challenge proposals recently shared with NHS, District council and other partners. Health and Wellbeing Board members may consider how their own organisations can support the County Council's delivery against those targets.

### Reducing emergency admissions

Quarter 2 performance was slightly better than target with 40,133 admissions against the target of 40,541. This follows three quarters at just above target with a peak of 42,000 admissions in Q3 of 17/18.

### Delayed Transfers of Care (DToC)

The quarterly performance is 3.2% better than target with actual delayed days being 9,068 against the 9,366 target.

However, this disguises performance in excess of target in September which as can be seen in the table below is a trend that has continued into October and November.

Social care attributable delays have been roughly at the same level for some time with NHS attributable delay levels being much more volatile.

Month	NHS Days	Social Care Days	Joint Days	Total Days	Target
Sep-17	1922	2218	371	4511	
Oct-17	2472	1872	365	4709	
Nov-17	2216	1936	395	4547	
Apr-18	2221	995	207	3423	3054
May-18	1855	1147	154	3156	3156
Jun-18	1508	1093	157	2758	3054
Jul-18	1634	1054	209	2897	3156
Aug-18	1568	1232	153	2953	3156
Sep-18	1919	1102	166	3187	3054
Oct-18	2055	1056	301	3412	3156
Nov-18	2268	1094	72	3434	3054

The table also shows that the total days delayed has been kept at a level more than one thousand less than in November 2017 with the bulk of that being a reduction in social care attributable delays.

### The future of the Better Care Fund and developing Integration

The recently published NHS Long Term plan makes reference to both integration and the future of the Better Care Fund.

The Plan states:

- “We will continue to support local approaches to blending health and social care budgets where councils and CCGs agree this makes sense”.

Four optional examples of models are given:

- i) Voluntary budget pooling between a council and Clinical Commissioning Group for some or all of their responsibilities;
  - ii) Individual service user budget pooling through personal health and social care budgets;
  - iii) The Salford model where the local authority has asked the NHS to oversee a pooled budget for all adult health and care services with a joint commissioning team;  
OR
  - iv) The model where the Clinical Commissioning Group and local authority ask the chief executive of NHS England to designate the council chief executive or director of adult social care as the Clinical Commissioning Group accountable officer.
- “The government will set out further proposals for social care and health integration in the forthcoming Green Paper on adult social care”.
  - “...the Better Care Fund (BCF) has provided an opportunity for councils and the NHS to work together to reduce delays but is now in need of review”.
  - “The review will conclude in early 2019, and 2019/20 will continue to include clear requirements to continue to reduce delayed transfers of care and improve the availability of care packages for patients ready to leave hospital”.

Government Departments are finalising the Integration and Better Care Fund Policy Framework which will be published early in 2019. The Integration and Better Care Fund Planning Requirements will then follow to help areas develop updated Better Care Fund plans for 2019-20. This will be shared with the Board at the earliest opportunity.

The Better Care Fund Steering Group has agreed to facilitate a wider discussion on the future of the Better Care Fund with an increased emphasis on integration. Planning is underway as to how best to engage with system leaders on this with it envisaged that a key part will be a workshop to take place in early March. The Health and Wellbeing Board will be kept informed of this work and members invited to contribute.

### **Active Ageing Alliance Pilot Proposal**

As requested by the Health and Wellbeing Board the Better Care Fund Steering Group considered a proposal and request for funding for a pilot of the Active Ageing Alliance. The expected cost was £90k. Having considered the current uncertainties over future funding and existing pressures in health and social care systems the steering group recommends that such a pilot is not supported at this time. Should the funding position become clearer with increased flexibility the proposal could be reconsidered at the request of the Health and Wellbeing Board.

### **Chair of the Better Care Fund Steering Group**

Since Mark Youlton's retirement from the NHS and stepping down from the Health and Wellbeing Board and role of Chair of the Better Care Fund Steering Group, Tony Pounder as the Deputy Chair has taken on the role of Interim Chair of the Better Care Fund Steering Group, probably until the end of March 2019.

The Better Care Fund Steering Group will agree a nomination to the role of permanent Chair in due course and seek the approval of the Chair of the Health and Wellbeing Board to confirm the nomination, with the intention of picking up the role from April 2019.