

Better Care Fund (BCF) Quarterly Report – Quarter Four

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Executive Summary

The purpose of this quarterly report is to inform the Lancashire Health and Wellbeing Board on the progress of the delivery of the Lancashire Better Care Fund (BCF) Plan. This report is in support of the national reporting template (Appendix A) which the Health and Wellbeing Board is required to receive, approve and submit to the Department of Health. This submission relates to the first national template completed for Quarter 4 2014/15.

In June 2013 the Department for Communities and Local Government announced £3.8 billion worth of pooled budgets between health and social care, starting from April 2015. This is a multi-year fund and was launched as a financial incentive for councils and local NHS organisations to jointly plan and deliver services so that integrated care becomes the norm by 2018. While it was recognised that many places were already working collaboratively and redesigning services to meet the needs of users and communities, faster and more widespread change was required to help to meet the increasing demand for care services into the future.

The BCF is intended to provide a means for joint investment in integrated care, which ought to reduce the pressure on social care and hospitals by providing treatment before a crisis. CCGs are expected to make significant efficiencies to generate the money to invest in the BCF, and there is a risk that if BCF plans do not deliver the anticipated results (e.g. reductions in residential care admissions or reductions in emergency hospital admissions) resources will be needed to meet the demand (e.g. funding care packages or extra staff for A&E).

In January 2015 the Lancashire BCF Plan was re-submitted to the Department of Health and was approved. In 2015/16 the BCF pooled budget is agreed at £89 million which is hosted and managed through a Section 75 by Lancashire County Council who also contribute to the BCF through the Section 256. The Lancashire BCF covers 21 schemes focussed on community based integrated services aimed at reducing non-elective activity (NEL) by 3.1%.

Recommendation/s

The Health and Wellbeing Board is recommended to:

- Receive this report and appendices from the BCF Steering Group
- Note the purpose of the report and that it covers Quarter One of the BCF Plan 2014/15 delivery
- Ratify the submission made on 28th May 2015 as contained at Appendix A (accessed through link at bottom of page 2)
- Confirm agreement that in the future the Board will take responsibility for receiving a quarterly report from the BCF Steering Group to sign off and submit to the Department of Health. Noting the schedule of dates for this included in Appendix A (accessed through link at bottom of page 2)
- Confirm that it will be happy to receive the final draft Steering Group Terms of Reference at the next Board meeting for sign off.

Background

This report has been co-ordinated by the BCF Steering Group from information provided by the local partnerships through the Programme Managers Group. While the schemes are described once these are being implemented in the local CCG areas across varying timescales and in ways appropriate to local circumstances. Further background detail is contained in Appendix B.

Since October 2014 Lancashire County Council and the Clinical Commissioning Groups have been supported by John Bewick, OBE from the National Team and Henry Wilson from Carnall Farrar LLP to establish robust governance arrangements and to look to setting up a dedicated Programme Management Office (PMO) for the BCF.

As with most parts of England, Lancashire's population is set to grow by 2% by 2021. However the population profile is significantly older compared to the England average, and the over 70 age group will increase by over 13% during that same time frame. CCGs already spend over 30% of their health budgets on the over 70s and this disproportionate rise will add to the growing pressures on the system.

Introduction:

In January 2015 the Lancashire BCF Plan was re-submitted to the Department of Health and was approved. In 2015/16 the BCF pooled budget is agreed at £89 million.

The BCF will help us take forward the integration agenda, focusing on those high impact changes that will be delivered through integrated service delivery and sustainable shifts in activity from acute hospitals to care and health interventions and support being delivered in the community. A focus on wellbeing, independence and resilience is a shared principle with all partners taking this person-centred approach to create seamless, integrated services and pathways. These changes are predicated on the need to provide targeted everyday support to people in their neighbourhoods to tackle the wider determinants of health and well-being including advice and information, housing, nutrition and loneliness. In addition the delivery of our plans needs to ensure we partner seamlessly with voluntary sector organisations, blending their advocacy, support and expertise into our long-term solutions.

Our 21 schemes therefore focus around four key themes:

- **Out of hospital care with integrated neighbourhood teams:** patient centred co-ordinated community and primary care, working in partnership with the social and voluntary sectors.
- **Reablement services:** keeping patients at home independently or through appropriate interventions delivered in the community setting.
- **Intermediate Care Services:** community based services 24x7, both step-up and step-down.
- **Supporting Carers:** Improving the quality of life for people with support needs and for their carers so they are supported to manage their own health and wellbeing wherever they can and for as long as possible. The patients benefitting from these changes to services in particular will include the Frail Elderly patients with long-term conditions and patients with complex needs.

Quarter Four BCF Submission on 28th May 2015:

On 28th May 2015 the Quarter Four 2014/15 BCF submission was made using the new national template. This was signed off by the Steering Group and due to on-going development of the Lancashire Health and Wellbeing Board; this submission could not be ratified by the Health and Wellbeing Board until its meeting on 5th June 2015.

For completeness the template submitted, along with further information on the BCF Plan content, can be accessed through the following link:

[Better Care Fund - appendix A and B](#)

Summary of Performance against BCF Plan Quarter 4:

Non-Elective Metric:

At Quarter 4 the performance of the BCF schemes against a plan of a reduction of total non - elective admissions in to hospital (general & acute), all age, per 100,000 population of 3.1% was showing an increase against the same metric of 5.7%.

The Board should be assured that all the 21 schemes have behind them a robust evidence base and are regarded as evidence best practice. All local partnerships have reported that in general they are on track against their local delivery plans and where they are seeing any potential for problems they have in place robust mitigations.

The schemes across the BCF footprint are at different stages of implementation and have not yet had the expected measurable impact on the agreed outcomes. However, this increase of non-elective activity (NEL) should be seen in the context of a national trend of significant increases in NELs over the last quarter and Lancashire has been no exception to this. It would seem that activity has increased at a faster and higher rate than the BCF plans had assumed. However, without the BCF schemes this position may have been worse.

This potential continued increase in activity is currently being mitigated by NHS commissioners through revised commissioning intentions and there is significant national analysis being undertaken to understand the current increases, but the BCF plans remain as agreed and approved.

National Conditions:

Against the six national conditions we are meeting these standards apart from 4i which asks 'whether the NHS Number is being used as the primary identifier for health and care services'. Again the Board should be assured that there are plans to meet this condition and approval has been given by the HSCIC for Lancashire County Council to have a direct N3 connection and this is now being scheduled. Once in place social care records will be able to be matched with the NHS batch service to obtain the NHS numbers which will then be used as the primary identifier. The timescale for this is around four months.

Financial Performance:

This has not been a metric for Q4 2014/15, but there will be a narrative against this for Quarter One 2015/16 and the performance against the Section 75 Agreement in place from 1st April 2015.

Governance Arrangements:

Work is currently on-going with Lancashire County Council's Legal Department to finalise the Steering Group Terms of Reference which will be presented to the Health and Wellbeing Board at its next meeting for discussion and sign off.