

Better Care Fund Update

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Executive Summary

The Lancashire BCF plan 2015/16 is now approaching its final quarter of the year. A report to the board in October 2015 set out performance to end of Quarter 1 and arrangements to deliver against its aims through its 21 schemes.

This report brings BCF performance information up to date and sets out the context and approach to taking the Lancashire Better Care Fund into 2016/17 and beyond.

Quarter 2 and quarter 3 of 2015/16 have seen some progress against the BCF metrics.

Non-elective admissions have decreased while Delayed Transfers of Care have increased.

Recommendation/s

The Health and Wellbeing Board is recommended to:

- *Note the Quarter 2 and Quarter 3 Performance of the Better Care Fund Plan*
- *Note the activity and progress regarding the development of a Lancashire Better Care Fund Plan for 2016/17*
- *Ratify the approach being taken to develop the Lancashire Better Care Fund plan and in aligning it to the Healthier Lancashire Programme, development of a Sustainability and Transformation Plan and as a step to greater integration of health and social care.*

Background

The Lancashire BCF Plan was approved by the Department of Health in January 2015. The plan consists of 21 schemes made up of community based integrated services aimed at reducing non-elective activity (NEL) and Delayed Transfers of Care. The BCF pooled fund was agreed at £89 million which is hosted by Lancashire County Council and managed through a Section 75 agreement.

There is a requirement for the performance of the BCF, against a suite of 6 metrics, to be reported quarterly to the Department of Health through the Health and Wellbeing Board.

List of background papers

Lancashire Better Care Fund Plan 2015/16

2016/17 Better Care Fund Policy Framework, Department of Health, Department for Communities and Local Government

Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21

Summary of Performance against BCF Plan

Non elective admissions: Having seen a reduction in non-elective admissions in Q1 of 1% compared to the previous year Q2 showed a further 2% reduction bringing performance close to the plan of 3.1% annual reduction. Q3 has now shown a 2.2% performance under target and a year to date reduction of 2.9% when compared to 2014/15. This is a positive trend

Delayed transfers of care: At the end of Q2 the DTOC metric was 4.5% over plan for Q2, 3.6% over plan for the year to date and 1.4% higher than the same period in 2014/15. Data for the period April to November 2015 indicates a 3.6% level over plan but a slight, 0.2%, decrease against actual when compared to the same period in 2014/15. (December 2015, full Q3 data will be available in mid-February). This is a slight improvement but still remains above target mirroring the national position. There is some evidence that the availability of residential and nursing home places is challenging safe patient flow. This will be addressed in the “focused action plan for managing delayed transfers of care, including locally agreed targets” and the BCF plan as covered later in this report.

Admissions to permanent residential and nursing home care: At the time of writing latest data was not available but is likely to reflect the position at Q2 of admissions at a level of 3.6% below target. This is a good position although a small concern, not yet verified, is that diminishing supply is limiting access /admissions.

Dementia diagnosis rate: The national target of 67% has been exceeded across Lancashire. At the end of Q3 the level of performance is 68% compared to an England figure of 67.2%.

The latest reporting of the patient experience metric, in January 2016 shows that 9.1% of people, in Lancashire, reported having had enough support from local services or organisations to help manage long-term health conditions supporting the conclusion that just over 90% had had a positive experience.

The metric **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services** will next be reported in July 2016. The latest figure remains at 79.3%.

While business information systems provide up to date performance data it has been more challenging to link activity in the 21 schemes across the county with improvement, or otherwise, against the metrics. To address this challenge the BCF programme manager group has sought out tools that will make the link explicit. This has recently included the trial and adoption of “Logic Modelling”.

In addition the Lancashire BCF has been successful in a bid for funding, of £24000, to NHS England to commission a programme of academic research. This will identify good practice in evaluation including effectiveness of tools used, staff engagement, timeliness and use of the evaluation conclusions.

The complete Q3 BCF performance report will be submitted, using the prescribed template, to NHS England by 26th February 2016.

National Conditions

The condition for the use of the NHS number as primary identifier remains outstanding as the only national condition not yet met. However the final technical steps to achieve this are currently being rolled out.

Better Care Fund Future scope and planning

It was confirmed in the Comprehensive Spending Review (November 2015) that the Better Care Fund (BCF) would continue into 2016/17. It also set out a plan that by 2020 health and social care will be integrated across England with a requirement for a plan for this to be in place by March 2017. The BCF is a key driver of integration and forms the early stages of key elements of this plan.

NHS planning guidance states that BCF planning should be part of “Business as Usual Planning” rather than a separate exercise. It will therefore align with CCG operational planning and the emerging Sustainability and Transformation Plans (STPs) that will cover the period October 2016 to March 2021 and set out how the “Forward View” will be implemented.

It has been indicated that the payment for performance requirement will be removed and replaced by two new national conditions, requiring local areas to fund NHS commissioned out of hospital services and to develop a clear, focused action plan for managing delayed transfers of care, including locally agreed targets.

At the time of writing the detailed technical guidance for BCF plans 2016/17 is still awaited. What is known is that BCF plans will require an initial submission setting out finances and high level principles. The timetable will then align with operational and STP planning with a further submission in March and a final submission in April 2016. The final submission will require the approval of the Health and Wellbeing Board.

There has been a local programme of local BCF planning activity in Lancashire. The outputs from the Health and Wellbeing workshop discussions around the use of the BCF were taken to a Lancashire BCF planning workshop held in December 2015.

The workshop was attended by representatives from across the NHS, Lancashire County Council, the voluntary sector, district councils and NHS England.

Attendees were encouraged to be ambitious in their expectations of what the BCF could be used to achieve especially in light of the adoption of the Healthier Lancashire approach and its themes.

The workshop produced a set of Lancashire BCF priorities that form the basis of a BCF plan "offer".

In summary these are:

- Review and evaluation of BCF plan 2015/16
- Build on growing ambitions
- Specifically identified priorities for further consideration for the BCF 2016/17 are:
 - Residential and Nursing Home care... Inclusion of Continuing Health Care, Quality, Safety, Managing the market
 - Children and Adolescent Mental Health Services...using the BCF Pooled fund arrangement to support integration
 - Transforming Care (Learning Disability) ... using the BCF Pooled fund arrangement to support integration
 - Public Health /Prevention... Identify across existing Lancashire County Council and CCG spend on prevention and wellbeing areas of congruence and potential for improved outcomes, greater efficiency.

The BCF programme managers group has taken the above and then also considered how best to continue to achieve against the core requirements for BCF plans of supporting reduction in Non Elective Admissions and Delayed Transfers of Care. This has produced a draft outline proposal, in addition to the above, of transforming the existing BCF Plan into a much more joined up approach that will have single schemes at county wide level with agreed common local work streams. The "additional" suggested schemes are:

- Intermediate Care...all services under an agreed definition of Intermediate Care
- Community Equipment / Disabled Facility Grants / Telecare/ Occupational Therapy under the umbrella of a single approach to supporting "Daily Living"

All of the above requires continuing development over the short remaining time of the planning period. The Health and Wellbeing board will be informed of progress during this time and engaged at critical points in the development and approval process with the final draft being subject to the board's "sign off".

A detailed programme for the planning will be provided once the BCF technical guidance is made available.