

Lancashire Health and Wellbeing Board

Meeting to be held on 7 April 2017

Lancashire Better Care Fund Quarterly update

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Executive Summary

The purpose of this report is to inform the Lancashire Health and Wellbeing Board of the progress of the delivery of the Better Care Fund (BCF) Plan through updates of performance against the BCF metrics. In addition it gives detail of the planning requirements, as known, for BCF 2017/19, planning activity so far and changes to funding streams within the BCF.

Quarterly performance has been better than plan for non-elective admissions but considerably worse than plan for delayed transfers of care. The latter reflecting the whole system local and national challenging position on this. Residential and Nursing Home admissions continue to show a good downward trajectory and the success of reablement services remains a point of note.

BCF planning for 2017/18 and beyond is underway and beginning to have some shape due to partner input. Some aspects of national guidance are known indicating a less bureaucratic approach and there is a significant change in some BCF funding seeing £28m additional funding targeted at supporting social care. Planning continues and awaits the publication of national guidance to provide the key detail.

Recommendations

The Health and Wellbeing Board is recommended to:

1. Note the level of performance, in Quarter 3 of 2016/17, against the BCF metrics.
2. Ratify the submission of the Lancashire BCF quarterly performance update to NHS England as set out in the report.
3. Agree that the final draft Lancashire BCF plan for 2017/18 be presented to the board for consideration and approval and if necessary this to be done outside of the board meeting arrangements so as to meet submission requirements.

Background

The Lancashire Better Care Fund is approaching the end of its second full year. The fund of £91.4m (2016/17) is administrated through a pooled fund arrangement hosted by Lancashire County Council.

The core purpose of the BCF is to drive the integration of health and social care services resulting in more efficient services producing better outcomes for vulnerable people. It is intended that the effects of this will be seen through shifts in usage of acute hospital

resources and identifiable improvements in independence of individuals. These are measured by; reduction in unplanned hospital admissions, reducing numbers of delayed transfers of care, lower levels of permanent residential and nursing home admissions and the effectiveness of reablement services.

Previous reports to the Health and Wellbeing Board have given the detail of the breakdown of spend within the fund.

It has been confirmed that the BCF will continue into 2017/18 and 2018/19. At the time of writing the BCF Policy Framework and Guidance have not been finalised and published. Indications of what will be required have been given and these are reflected below.

List of background papers

- Lancashire Better Care Fund Plan 2016/17
- [NHS England Better Care Fund web page](#)

Better Care Fund Performance Quarter 3 (Q3) 2016/17

Non Elective admissions for Q3 were below plan with a 4.3% variance across Lancashire. This was reflected at CCG level with local variances ranging from -16.2% to -0.3%. The exception to this was Fylde and Wyre that saw a variance of 6.6% above plan. Lancashire wide comparison with the same period in 2015/16 saw a +0.6% variance.

Delayed transfers of care (DTC) performance data reflects the challenge faced across the acute health sector in Lancashire during Q3. Lancashire wide there was a 26.2% variance from plan. All providers saw an increase above plan and for the same quarter in 2015/16.

The BCF requirement for DTC planning is being addressed through the Urgent and Emergency Care network so as to ensure a coordinated and more streamlined approach.

The **Residential and Nursing Home Care** 2015/16 target of 733.7 has been achieved (i.e. 1741 admissions from a projected 2015 population of 237,289) and achievement of the 2016/17 Better Care Fund target of 682.7 remains likely (i.e. 1649 admissions from a projected 2016 population of 241,536). An improvement is expected when the Lancashire outcomes are recalculated against an increased population when the mid-2016 population statistics are released in July 2017. The Lancashire population aged 65+ continues to increase, but the rate of increase has slowed and is expected to slow still further to 1.7% when the mid-2016 population estimates are released.

The positive message of **the effectiveness of reablement services continues**. Lancashire outcome figures for Q3 indicate that 741 (83.4%) people were still at home after 91 days, following a period of reablement that followed hospital discharge. This is not an improvement on the previous quarter (91.1%) but that was viewed as exceptional. Q3 performance compares favourably with the 2015/16 national average of 82.7% and exceeds the Lancashire 2016/17 Better Care Fund target of 82.0%. Q3 figures show that 888 people were offered these services for the period Jul-16 to Sep-16 compared with 727 people in Q2.

The relationships encouraged through the BCF with Voluntary sector and District Council partners continue to thrive.

The Voluntary sector in Lancashire continues to increase its commitment to the BCF and has responded in a coordinated way to produce an overall offer. This supports the aims of the BCF and has linked a bid for £1m “Active Ageing” funding to the BCF. This bid along with one for funds to support the development of robust business cases is under consideration.

The District Councils are putting forward how they can bring a different dimension, with a place based emphasis, to delivering against the BCF aims and to the wider health and wellbeing agenda. This is work in progress but has great potential.

The District Councils have grasped the opportunity offered through increased Disabled Facilities Grant (DFG) funding and in addition to increasing grant provision are looking for ways to expand the “home environment” offer including the improvement and expansion of assessment activity.

Very constructive discussions are underway with Blackpool, Blackburn with Darwen and South Cumbria to develop a meaningful way of coordinating and potentially ultimately joining BCF plans across local authority boundaries. A proposal as to how this will be achieved is in development and will be presented to a future Health and Well Being Board meeting for consideration and ratification.

Financial Performance

The financial performance of the fund is in line with plan. The Section75 Agreement pooled fund hosted by Lancashire County Council, received income from commissioners totalling £22,854k and made payments to service providers totalling the same value. The Better Care Fund expenditure is, at Q2, forecast to be on plan for the full year.

BCF Planning for 2017/18

While the BCF Policy Framework, Guidance and financial allocations detail have not been published what is known is set out in Appendix 1.

The approach does seem to be one of a much lighter touch with greater emphasis on the BCF being part of the normal health and social care planning arrangements rather than a stand-alone set of activities.

It is clear that the BCF will continue to exist for some time with an expectation of the plan being for two years with some degree of review and update expected mid-life.

The main thrust of the BCF remains the same i.e. to promote integration across health and social care and through this work in such ways that support independence and impact upon the use of acute hospital services by avoiding admissions and enabling speedier safe discharge.

There will be some changes in the funding arrangements for the BCF.

The Improved BCF (IBCF) is new funding that will be paid to local government as a direct local authority grant. The funding will come with conditions that it is pooled in the Better Care Fund and spent on social care. The planning guidance will set out that this funding does not replace, and should not be offset against the NHS minimum contribution to adult social care.

The funding will complement the additional money that local authorities have the freedom to raise through an additional precept on council tax to fund social care. For Lancashire the original IBCF money breaks down as 2017/18 £3.2m, 2018/19 £22.7m, 2019/20 £40.0m.

Further additional funding was announced with the budget.

A new grant, worth £2bn nationally over the next three years, will be paid to local authorities with social care responsibilities. This funding will be additional to the existing Improved Better Care Fund (IBCF) allocations to Local Authorities. The grant conditions for the IBCF will require councils to include this money in the local BCF Plan, and is intended to enable areas to take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally by implementing best practice set out in the High Impact Change Model for managing transfers of care.

The further grant of IBCF monies breaks down, for Lancashire, as 2017/18 £24.8m 2018/19 £15.7m, 2019/20 £7.8m.

Despite the lack of guidance partners have been keen to progress planning for the BCF 2017/18. Two workshops have been held to consider the shape of and priorities within the future BCF plan. Appendix 2 sets out the “Big messages” that have been highlighted in these. It is not a final list but very much work in progress and encompasses a range from very detailed specific activities to broad policy approaches. A need to be clear why individual elements are to be included in any plan has been stressed. Appendix 3 shows an attempt to identify where schemes will sit within overarching BCF themes/ top level priority areas in table 1 and in table 2 the development of a BCF checklist. This will provide a means of assessing the benefit that any scheme will bring to the BCF.

Discussions continue at whole BCF level, local health economy and organisational level as to what the eventual proposed plan and its constituents will be. Once national guidance is published the process will turn to the detail of the plan. It is likely, timescales allowing, that at least one further workshop will take place to support this.

A draft BCF plan will be presented to the Health and Wellbeing Board for consideration. As the required national submission deadlines are likely to end before the next board meeting this presentation, discussion and consideration is likely to be needed outside of board meetings.

Appendix 1

BCF planning requirements for 2017/18.

- Better Care Fund plans to be drawn up for a two year period (2017-19) with some capacity to review and amend.
- The number of National Conditions will be reduced from 2016/17 and will consist of:
 - A requirement for a jointly agreed plan, approved by the Health and Wellbeing Board.
 - Real terms maintenance of transfer of funding from health to support adult social care.
 - Requirement to ring-fence a portion of the CCG minimum allocation to invest in Out of Hospital services.
- Plans will also need to set out the area's vision for integrating health and social care by 2020.
- The planning guidance will set out the high level alignment of BCF, Sustainability Transformation Plan (STP), Urgent and Emergency Care Networks (UECN) and A&E delivery board plans.
- Better Care Fund Plans should consist of:
 - A short, jointly agreed narrative plan including details of how they are addressing the national conditions; how their BCF plans will contribute to the local plan for integrating health and social care.
 - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes.
 - A scheme-level spending plan demonstrating how the fund will be spent.
 - Quarterly plan figures for the national metrics.
- Approximately 14 Key Lines of compared to approx. 70 in 2016/17.

Appendix 2

BCF, the big messages

- Implement Discharge to assess.
- Create / develop real Integrated discharge services.
- Invest in Reablement based on agreed evidence.
- Include Support for Regulated Care sector.
- Be innovative with DFGs working more with Districts and Home Improvement Agencies.
- Use opportunities with Voluntary Sector.
- Include a range of Prevention services and aim for earlier intervention.
- Work at local level across partners, trying things out.
- More focus on self-care.
- Improve live data access.
- Consistent use of metrics to be able to compare like with like, meaningfully.
- Be clear of fit with operational plans, LDP and STP.
- Take some chances.
- It's not always about the money!
- Go with the possible, BCF wide and locally.
- Single plans across BCF and A&E delivery boards.

