

Lancashire Health and Wellbeing Board

Meeting to be held on 20th June 2017

Lancashire Better Care Fund (BCF) 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 in quarter 4 of 2016/17 and an annual overview.

It also provides an update on progress on development of the BCF plan for 2017/19 and the use of the *improved* BCF (iBCF) monies.

The quarterly trend for performance at better than plan for non- elective admissions but worse than plan for delayed transfers of care has continued. The latter showing the size of the challenge faced. Against trend Residential and Nursing Home admissions showed a surprising increase in Q4 unexpectedly resulting in missing the annual target. The positive impact of Reablement Services has remained at a good level and stabilised above target.

BCF planning has moved on with an emphasis being placed on the use of the £28m iBCF monies. There have been very honest and constructive discussions across all partners based on the guidance given by the Health and Wellbeing Board. These continue with a plan in place to work towards an agreement. Progress on which will be reported verbally to the board. Emphasis on iBCF is being given due to the need to act quickly to reinforce social care provision.

Core BCF planning continues in parallel with a slightly longer timeframe required. Unsurprisingly a great emphasis in iBCF and core BCF planning is placed on addressing the challenge of the levels of delayed transfers of care.

Due to the timescales involved it will be necessary for the completed plans to be considered outside of the planned Health and Wellbeing Board meeting timetable.

Recommendations

The Health and Wellbeing Board is recommended to:

1. Note the level of performance, in quarter 4 and annually for 2016/17, against the BCF metrics.
2. Ratify the submission of the Lancashire BCF quarterly / annual performance update to NHS England as set out in the report.
3. Agree that the final draft Lancashire iBCF and core BCF plans for 2017/19 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

Previous reports to the Health and Wellbeing Board have given the detail of the purpose of the fund and breakdown of spend within the fund. These have covered the life of the BCF over 2015/16 and 2016/17.

As the accountable body for the Lancashire BCF the Health and Wellbeing Board is required to receive quarterly and annual updates, agree performance submissions to NHSE and approve BCF plans prior to their assurance by NHSE.

The last report to the board confirmed that the BCF will continue into 2017/18 and 2018/19 but that at that time BCF planning guidance had not been issued. The guidance is still awaited but planning has progressed focusing initially on the use of the iBCF monies.

List of background papers

- Lancashire Better Care Fund Plan 2016/17
- [NHS England Better Care Fund web page](#)
- [2017-19 Integration and Better Care Fund Policy Framework](#)
- [High impact change model Managing transfers of care between hospital and home](#)

Better Care Fund performance quarter 4 2016/17

Non Elective admissions for Q4, as Q3, achieved better than plan at -3.3% variance. At CCG level there was a range of +11.59% to -13.60% variance.

Annually there was a very small reduction in actual numbers from 124,883 in 2015/16 to 124,831 in 2016/17.

Delayed transfers of care continue to show the size of the challenge faced. In Q4 there was a 30.3% variance from plan. Comparison against Q4 in 2015/16 shows a +34.4% variance with a full year comparison showing a 34.7% variance.

All providers saw an increase for the whole of 2016/17 and against the same quarter in 2015/16.

Q4 saw a total of 17,158 delayed days across all Lancashire providers.

The **Residential and Nursing Home Care** admissions surprisingly showed, for the first time a worsening and that the 2016/17 target 682.7 admissions per 100,000 population 65+ will not be achieved. The Q4 outcome of 756.0 is higher than the Q3 outcome of 723.6, the Q2 outcome of 702.5 and the 2015/16 Q4 outcome of 714.7. An improvement to approximately 743.2 is expected when the Lancashire outcomes are recalculated against an increased population when the mid-2016 population statistics are released in July 2017. Investigation has revealed some element of data quality issues affecting this with recent data cleansing and updating exercises introducing a significant number of newly recorded admissions. The data will be reviewed by the end of Q1 2017/18.

The positive message of **the effectiveness of reablement services continues**. Lancashire outcome figures for Q4 indicate that performance has now settled to a better than target level; 83.76% in Q4 and a quarterly average for 2016/17 85.56% of people were still at home after 91 days, following a period of reablement that followed hospital discharge. The Lancashire 2016/17 Better Care Fund target is 82.0%. Q4 figures show that 979 people were offered these services for the period compared with 888 people in Q3.

Financial Performance:

The financial performance of the fund is in line with plan. The Section 75 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 Q4, on plan for the full year.

BCF Planning for 2017/18

As set out in the last report to the board the BCF will be in place for at least the next two years 2017/19 and plans have to be developed for that period with some flexibility to review within that period.

Since the last board meeting the BCF partnership has put considerable time and effort into developing a plan for the use of the £28m iBCF monies that were announced in the 2016 spending review and 2017 budget. This has included colleagues from Blackburn with Darwen, Blackpool and South Cumbria.

The guidance that was given by the Health and Wellbeing board was that the plan should give one joined up message. Following this guidance the planning process has required robust and honest discussions that have resulted in the following:

1. The iBCF monies will be used in line with the following overarching principles:
 - a. Improving all aspects of **Assessment**
 - b. Making **Home 1st** work
 - c. Creating appropriate and effective **7day services** and aligned **Integrated Discharge Services**
2. Each LDP will create business cases to bid against iBCF monies that demonstrate how they support the implementation of the High Impact Change Model for Managing Transfers of Care. This is a national condition placed on the iBCF grant and an expectation for the core BCF. The need for LDP plans to be included was a recognition that coordination of health and social care has to be planned across boundaries so as to get the best value and impact.
3. Lancashire County Council will provide a description of and rationale for its proposed spend from the iBCF grant. It should be noted that the LCC iBCF schemes will meet the national conditions and address the principles as above.
4. The business cases will be presented at a meeting to be arranged prior to the Health and Wellbeing Board meeting.
5. Once agreed a single Lancashire iBCF plan will be signed off by the BCF steering group and implemented at pace so as to have the required early impact. It will not wait for the completion of the overall BCF plan.
6. A&E delivery boards are required to be involved in developing the joint approach to Managing Transfers of Care, to which the iBCF and BCF are key drivers. A&E delivery boards will be kept informed, involved and that planning aligned.
7. The development of the overall BCF plan will continue.

As the next step in its development a review of the existing BCF plan, all of its individual schemes and their impact and effectiveness will be completed by the end of July 2017. The review will inform decisions as to whether existing schemes should be reduced, expanded or ceased.

The review will also identify gaps that offer opportunities to spend BCF differently.

8. The Health and Wellbeing Board will be informed of the overall BCF plan development and asked for the power for plan approval to be delegated to the chair to allow for submission to and assurance by NHSE prior to the following HWB meeting on 5th September. The timing of this is dependent upon the date of publication of the national guidance that has been repeatedly delayed.
9. The above will be done against setting a system challenge of reducing DTOC bed days by 30%.

It is intended to give a live update on the above to the meeting of the Health and Wellbeing Board and to seek its views on the conclusions being reached.

Appendix A gives an overview of the conditions for the core BCF and iBCF. The last slide gives a breakdown of iBCF grant monies.

Appendix B is the “bid” template being used to set out proposals for use of iBCF monies.

Detail of the High Impact Change Model for Transfers of Care can be found at https://www.local.gov.uk/sites/default/files/documents/25.1%20High%20Impact%20Change%20model%20CHIP_05_Web_0.pdf

It should be noted that final guidance for the BCF planning process and confirmed details of allocations has yet to be published.

The Disabled Facilities Grant (DFG) element of the BCF has been identified as a total of £12,564,949 for Lancashire.

As in previous years, DFG will be paid to Lancashire County Council as the upper-tier authority. It will be passed to district councils to enable them to continue to meet their statutory duty to provide adaptations. Planning is exploring the options to use DFG under the discretionary powers available under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use specific DFG funding for wider purposes. For example, Local Authorities could use an alternative means test, increase the maximum grant amount, or offer a service which rapidly deals with inaccessible housing and the need for quick discharge of people from hospital.