

Lancashire Health and Wellbeing Board
Meeting to be held on 7 August 2017**Lancashire Improved Better Care Fund Plans for 2017/19**

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Executive Summary

At the meeting of the Lancashire Health and Wellbeing Board on 20 June 2017 the Board agreed that the final draft Lancashire Improved Better Care Fund (iBCF) plans for 2017/19 be presented to the Board for consideration and approval.

Spending proposals have now been developed, which are consistent with the iBCF Grant conditions and priorities agreed by the Health and Wellbeing Board. Subject to agreement by the Health and Wellbeing Board, schemes will progress to implementation, ensuring that there are clear impact measures and that implementation supports and enhances existing activity such as Passport to Independence, and wherever appropriate provide a model that can be applied across the Lancashire Sustainable Transformation Partnership.

Recommendations

The Health and Wellbeing Board is recommended to agree:

- i) The proposed spending plans for the Improved Better Care Fund Grant for 2017/19.
- ii) That the proposals should progress to implementation, ensuring that there are clear impact measures and that implementation supports and enhances existing activity such as Passport to Independence, and wherever appropriate provide a model that can be applied across the Lancashire STP.

Background

On 20 June 2017 the Lancashire Health and Wellbeing Board received a report which included an update on progress on development of the Better Care Fund (BCF) plan for 2017/19. The Board agreed that the final draft Lancashire Improved Better Care Fund (iBCF) plans for 2017/19 be presented to the Board for consideration and approval.

This report provides a recap of the principles and approach agreed by the Health and Wellbeing Board together with a summary of proposed spending plans and rationale.

The iBCF Grant paid to a local authority may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. There is no requirement to spend across all three purposes, or to spend a set proportion on each.

The Lancashire Health and Wellbeing Board has agreed that iBCF monies will be used in line with the following overarching principles, which are consistent with the Grant conditions above:

- Improving all aspects of Assessment
- Making Home 1st work
- Creating appropriate and effective 7day services and aligned Integrated Discharge Services.

To enable progress to be made quickly, each Local Delivery Plan (LDP) area was asked to prepare a pitch/bid for iBCF funding for schemes, made against up to 15% of the total Lancashire iBCF allocation for 2017/18, demonstrating how they support the implementation of the High Impact Change Model for managing Transfers of Care. Alongside this, Lancashire County Council was asked to provide a description and rationale for its proposed spend from iBCF Grant.

The additional iBCF funding in 2017/18 is £28.096m (£3.210m from a previous budget settlement and already factored into the County Council's Medium Term Financial Strategy (MTFS) and £24.886m announced in the Spring Budget and not currently factored into the MTFS). Lancashire County Council's existing reported funding gap would therefore be greater if the £3.210m was not used for already committed forecast expenditure whilst the £24.886m represent entirely new funding for the County Council.

The grant determination for the iBCF announced in 2017 and previously announced allocations are set out below:

Funding	2017/18 £m	2018/19 £m
Initial iBCF	(3.210)	(22.656)
Additional iBCF	(24.886)	(15.735)
Total iBCF Funding	(28.096)	(38.391)

Proposed spend for 2017/19

It is proposed that the additional one-off funding available from iBCF in 2017/18 and 2018/19 will be utilised to meet the costs associated with:

- LDP scheme bids
- additional spend on schemes to deliver High Impact Model changes
- additional costs of existing BCF schemes and;
- spend on schemes which have previously not been included within the BCF programme.

The table below shows how it is intended to allocate the iBCF for 2017/18 and 2018/19.

Proposed spend	Forecast spend 17/18 £m	Forecast spend 18/19 £m
LDP Scheme bids	4.779	4.779
High impact fund changes additional spend	2.695	2.695
Additional spend on existing BCF schemes	9.002	9.882
Spend on schemes previously outside BCF	12.154	21.569
Total proposed spend	28.631	38.925

Note: Spend includes an annual contribution of £0.535m from Blackburn with Darwen for Pennine Lancashire joint working

The list of bids submitted and individual areas of proposed spend is set out in Appendix 1 and is summarised in the following paragraphs.

LDP Scheme bids

The LDP scheme bids submitted are consistent with the principles agreed by the Health and Wellbeing Board. The nature of schemes varies according to the priorities determined by LDPs, but includes provision such as social work capacity, improved discharge arrangements and improved intermediate care.

All schemes proposed by LDPs are recommended for approval. All supported bids should be worked up in to detailed plans that have clear impact measures, support and enhance existing activity such as Passport to Independence, and wherever appropriate provide a model that can be applied across the Lancashire STP.

High impact fund changes additional spend

An element of spend is proposed to cover areas of entirely new expenditure which clearly support the delivery of the High Impact Changes for Managing Transfers of Care. Spend in this area includes a peripatetic team and acute team working 7 days across hospitals, an improved 24 hour Adult Mental Health Practitioner Service, Trusted Assessor Training and additional hospital resource for DTOC tracking.

Lancashire County Council's Passport to Independence Programme is evidencing significant improvements in both outcomes and financial performance. The programme has shown that to achieve sustainable change there is a need to undertake a detailed analysis of root causes, produce a granular level implementation plan and then apply rigorous management governance to the implementation of that plan.

Whilst the County Council supports the various immediate actions that set out in the report to address Delayed Transfers of Care (DToC) issues, it is proposed that the council develops a joint approach with NHS providers, across the Sustainability and Transformation Partnership (STP) geography to apply such a systematic approach to DToC. It is recognised that activity at various levels is taking place in the various hospitals across the STP, however, there is not a single agreed method of working or granular level implementation plan with respect to the health and social care issues with respect to DToC.

It is recommended that an allocation of £1.2m be allocated from the iBCF to resource the development and implementation of granular level implementation plans for each of the six Lancashire Hospitals, on the basis of agreed best practice. The lesson learnt from the Passport to Independence Programme has been that the timeline from the beginning to end of such a programme is likely to be in the order of 18 months. However, without a systematic approach and a detailed implementation plan we will not achieve sustainable outcomes. The proposed programme of work may require the other initiatives, approved as part of this report, to be adapted to support the implementation of the detailed plans as they develop.

Additional spend on existing BCF schemes

This makes provision for the increasing costs of the existing BCF schemes where we are forecasting significantly increasing demand for those services, particularly as a result of the phased implementation of the Passport to Independence Programme. This includes, for example, additional costs relating to telecare and the expansion of reablement to significantly enhance capacity and throughput.

Spend on schemes previously outside of BCF

Schemes proposed include provision for a proportion of fee increase pressures associated with homecare, crisis and reablement procurements, provision for transformational support for the Passport to Independence Programme and a number of services which are non-statutory and without funding may need to be considered for cessation, but which could have a significant impact on recurrent statutory spend across the public sector, e.g. the Wellbeing Worker service, and County Council funding of Home Improvement Agencies.

Monitoring

The NHS England Mandate for 2017-18 sets a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017. This equates to the NHS and Local Government working together so that, at a national level, delayed transfers of care are no more than 9.4 in every 100,000 adults (i.e. equivalent to a DToC rate of 3.5%). This joint achievement would release around 2,500 hospital beds. This is a system wide obligation and responsibility for delivery is not limited to the BCF. Nevertheless, it is expected that activity in BCF plans will contribute to meeting it.

Each CCG and NHS Trust is already agreeing a trajectory to meet this requirement and maintain it for the remainder of 2017-18. This will reflect agreements between NHS Improvement and NHS England for each area. Under the BCF Planning Requirements issued on 4 July 2017, each Local Authority is now being required to agree a target for reducing social care attributed to DToC in 2017-18 as part of BCF planning.

In both cases, DToC levels will need to be reported in the quarterly BCF returns.

All supported bids should be worked up in to detailed plans that have clear impact measures and wherever appropriate can be applied across the Lancashire STP.

All schemes will be subject to review and it is recognised that, as proposals progress to implementation, the exact cost and phasing of these initiatives may differ from that set out in this report.

List of background papers

Better Care Fund Planning guidance 4 July 2017

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

Lancashire Better Care Fund (BCF) Quarterly update to Health and Wellbeing Board

<http://council.lancashire.gov.uk/documents/s112433/BCF%20Q4%20Report.pdf>

Appendix 1: iBCF Spending proposals

Spend headings	Forecast spend 17/18 £m	Forecast spend 18/19 £m
LDP Scheme bids		
Central - Social Work Assessment Capacity - 7 Days: Increase social work capacity in the Integrated Discharge Service at both hospital sites and in the community across 7 days.	0.159	0.159
Central - Allocation team for Care and Health: Single point of access for intermediate care, managing capacity and demand in services, with additional crisis support capacity.	0.533	0.533
Central - Care Home Support Model: Proactive, preventative service to wrap around residents in a care home setting, working to prevent inappropriate visits to A&E, avoidable admissions, reduce delayed transfers of care and length of stay.	0.517	0.517
Central - Social work support to GP Practice Collaborative: Social work support embedded with Mental Health and Physical Health service to support patients with social care needs presenting at GP practices. Proposed to align with a better resourced out of hours Adult Mental Health Practitioner (AMHP) resource.	0.043	0.043
Pennine - Multi-Disciplinary Discharge Team: Support joined up leadership to ensure consistent and effective discharge pathways.	0.220	0.220
Pennine - Home First: Support delivery of discharge to assess to admit; facilitating step up and down.	1.384	1.384
Pennine – Continuing Health Care (CHC) Pathways: Align existing budgets as a means to ensure wherever possible. CHC assessments are completed outside of hospital setting. No funding allocation requested within bid.	0.000	0.000
Pennine - Implement Home Choice Policy: Delivery of national guidance on supporting patient choice. No funding allocation requested within bid.	0.000	0.000
West Lancs - Community Hub: One place, flexible hub for intermediate care, reablement and rehabilitation. Increased capacity for discharge to assess.	0.175	0.175
West Lancs - 7 day integrated discharge pilot (intermediate care) Integrated working between 2 current teams. Move to 7 day working.	0.072	0.072
West Lancs - Home First Workforce Development: Generic therapy and Nursing assistant. Training posts.	0.081	0.081
West Lancs - Frail Elderly: Workforce development. No funding allocation requested within bid.	0.000	0.000

Spend headings	Forecast spend 17/18 £m	Forecast spend 18/19 £m
West Lancs - Discharge App: Simplifying a complex system. No funding allocation requested within bid.	0.000	0.000
Fylde and Wyre - Aligned Social Work: Neighbourhood and A&E deployment of F&W social workers/wellbeing workers to support discharge and cover in A&E working 7 days.	0.150	0.150
Fylde and Wyre - CHC process review (trusted assessment): Trusted assessment, better screening, better home of choice compliance.	0.150	0.150
Fylde and Wyre - Reablement Hours: Hospital discharge and reablement service to provide individuals with a single service specification that meets health and social care needs of communities.	0.274	0.274
Fylde and Wyre - Trusted Assessor (Care Homes): Targeted locality Trusted Assessor support.	0.054	0.054
Fylde and Wyre - Set-up costs.	0.008	0.008
Morecambe Bay - Altham Meadows Intermediate Care Centre: Integrated nursing and rehabilitation service as an alternative to hospital care.	0.750	0.750
Morecambe Bay - Crisis Hours and Enhanced Therapies: Expedite discharge work with patients to identify goals that can maintain, regain, or improve independence by using different techniques, changing the environment and using new equipment to improve functionality and reduce re-admission to an acute setting.	0.210	0.210
LDP SCHEME BIDS	4.779	4.779
High Impact Changes Fund additional spend		
HIGH IMPACTS CHANGES FUND: Including Peripatetic Team; Acute team 7 day working across hospitals; Trusted Assessors - Trusted Assessor Training; Seven Day Service - 24 hour AMHP service (Mental Health); System to Monitor Patient Flow - DTOC tracking - additional hospital resource.	2.095	2.095
Learning from Passport to independence: To resource the development and implementation of granular level implementation plans for each of the six Lancashire Hospitals, on the basis of agreed best practice.	0.600	0.600
HIGH IMPACT CHANGES FUND ADDITIONAL SPEND	2.695	2.695
Additional spend on existing BCF schemes		
Reablement contract	3.670	3.975
Reablement & Occupational Therapy Team (excludes senior management currently)	2.778	2.806
Care Act (carers Personal budgets, training, Advocacy)	0.234	0.234
Carers support (Respite & block contract spend)	0.000	0.235

Spend headings	Forecast spend 17/18 £m	Forecast spend 18/19 £m
Urgent Care (Crisis & residential rehab)	0.000	0.062
Equipment & Adaptations	0.000	0.151
Intermediate Care Services	0.369	0.379
Telecare	1.952	2.040
ADDITIONAL SPEND ON EXISTING BCF SCHEMES	9.002	9.882
Spend on schemes previously outside of BCF		
Transformational support relating to the Passport to Independence Programme	1.440	0.000
Additional reablement costs - as part of the reablement opportunity - supporting Passport to Independence	0.208	0.208
Wellbeing worker service	2.636	2.636
Home Improvement Agency	0.880	0.880
Hospital aftercare	0.304	0.304
Roving nights – County-wide service	0.304	0.804
Additional Fee and Demand pressures	4.582	15.738
Additional package costs through improved DTOC rates	1.000	1.000
Homecare implementation costs	0.800	0.000
SPEND ON SCHEMES PREVIOUSLY OUTSIDE BCF	12.154	21.570
GRAND TOTAL	28.631	38.925
FUNDING		
Blackburn agreed contribution	(0.535)	(0.535)
Initial iBCF	(3.210)	(22.656)
Additional iBCF	(24.886)	(15.735)
TOTAL iBCF FUNDING	(28.631)	(38.926)
Balance (remaining)/over committed	0.000	0.000