Lancashire Health and Wellbeing Board
Meeting to be held on 14th November 2017

Lancashire Better Care Fund (BCF) 2017/19 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 on:

- Lancashire Better Care Fund (BCF) Plan 2017/19
- Improved Better Care Fund (iBCF)Plans
- Performance against BCF metrics in Quarter 1 of 2017/18 and
- Action taken to reduce Delayed Transfers of Care (DToC) and the level of impact.

BCF plan…Delivery planning is following the previous year's arrangements with a strengthening of the project management underway.

Quarter 1 BCF performance

- Non - elective admissions continue to reduce following the trend seen in 2016/17.
- Delayed Transfers of Care continue to exceed plan and increase.
- Residential and Nursing Home admissions have increased for the second quarter while Reablement Services continue to demonstrate positive impact beyond target levels.

i***BCF***…progress has been made in delivering the iBCF plans with some variation and potential for a small amount of redirection of resource subject to an agreed process and criteria.

Delayed Transfers of Care have been recognised as the top priority for joint working by NHS and Social Care. There is significant national scrutiny that has placed Lancashire in the worse performing quartile resulting in an impending review of the use of iBCF against impact on DTOC.

The BCF and iBCF have been confirmed as integral to the whole health and social care system. To fully achieve what is expected of them requires the further strengthening of governance arrangements, confirmation of the interrelationship with other planning structures such as A&E delivery boards and the engagement of all partners and system leaders.

Lancashire County Council

Recommendations

The Health and Wellbeing Board is recommended to:

i) Note the level of performance, in quarter 1 of 2017/18 against the BCF metrics.
ii) Note the progress updates for the BCF and iBCF plan delivery for 2017/19.
iii) Confirm the role of the Better Care Fund Steering group and encourage all partners and system leaders to take a full part in supporting it and the delivery of the BCF and iBCF plans.
iv) Note actual DTOC performance and the requirements of and expected roles of all partners in achieving extremely challenging improvements in this.
v) Note that Lancashire 2018/19 iBCF allocations will be subject to review in November 2017 as a result of significant DTOC performance challenge.

Approve the proposed process for managing any necessary changes in iBCF spending plans.

List of background papers

- Lancashire Better Care Fund Plan 2017/19
- 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

Lancashire Better Care Fund Plan

The Lancashire Better Care Fund plan was approved for submission by the Health and Wellbeing Board (HWBB) on 5th September 2017 and was subsequently submitted to NHS England (NHSE) on 11th September 2017. BCF planning processes were significantly delayed due to wider national and central government issues.

With some slight enhancement to the detail of the plan, around the implementation of the High Impact Change Model, it progressed successfully through the NHSE assurance process. The formal confirmation of the "approval" was received on 30th October 2017. The approval letter gives the go ahead for BCF funding to be released and transferred into a pooled fund under a section 75 agreement along with the iBCF grant paid to Lancashire County Council. Informal feedback on the plan was positive and recognised the responsiveness of partners and overall that "it really was a well thought out and meaningful plan, particularly given the complex Lancashire system/s".

The approval provides the basis for progressing with BCF implementation plans. As the core BCF plan closely replicates that of 2016/17 the delivery plans are already in place for each scheme. These are though in a variety of formats. A common format is under development, using lessons learned in the review of schemes that will feed into a project management system. Once in place this will be used to report to the board.

Quarterly performance update (Q1)

Due to the late publication of guidance and subsequent delayed assurance process NHSE has yet to publish the timetable for BCF reporting. Once in place this will combine BCF and iBCF monitoring.

However local monitoring Q1 data is available for the four required metrics.

Non Elective Admissions

Due to the data source used to measure this metric being changed it is not possible directly to compare 2016/17 and 2017/18 performance. Q1 performance sees actual performance being 7.1% better than plan, a continuation of the improvement seen in 2016/17.

Delayed Transfers of Care (DToCs)

DToCs for the quarter were 14,050 delayed days, 393 delayed days over the planned level of 13,657 delayed days. This is a 2.9% variation from plan and shows a 2% increase from Q4 2016/17 level of 13,531 delayed days. An already challenging position on DToC continues to remains so.

Residential and Nursing Home Care admissions

Based on a "rolling" 12 month period the Q1 outcome has shown a continuing worsening with an increase from the last quarter from 742.3 to 782.4 admissions 100,000 population 65+. A significant factor however is that the number of social care assessments has increased sharply with the rate of placements per number of assessments remaining stable.

The effectiveness of Reablement Services

This continues to exceed the target of 82% of people still at home after 91 days, following a period of reablement that followed hospital discharge with an outcome for Q1 of 83.87%.

Financial Performance

The delay in completing the BCF planning process has in turn delayed the development of the required Section75 Agreement for the BCF and iBCF pooled fund. Its completion will be confirmed to the next meeting of the Health and Wellbeing Board along with an update on the flow of BCF and iBCF funds.

Improved Better Care Fund (iBCF)

The Health and Wellbeing Board approved the plans for the use of the iBCF at its meeting of 7th August 2017.

The plans met the requirements of the guidance with the LDP based schemes undergoing a process of scrutiny and test against fit for the High Impact Change Model of Transfers of Care requirements.

A progress monitoring system has been put in place. This is deliberately a simple approach with a monthly progress update completed for each scheme required. The update for October is attached at Appendix A**.**

In producing the monthly progress update iBCF scheme leads have "RAG" rated the progress against the following scale:

Green is the project activity and spend is on track, evidence of impact especially on DToC can be seen.
Amber is the project is in progress, there may be some slippage on spend and activity, however this is understood and overall delivery will still be achieved.
Red is the project may not deliver in its current form, maybe the risks are too high or it is not deliverable for some reason, the spend will not be as planned.

Summary of this rating for 41 schemes is:

Green	16	Amber	24	Red	1

Given the haste at which plans had to be made and the range of services planned it is unsurprising that progress is mixed but it is very obviously gathering pace.

In addition to the "internal" progress monitoring Lancashire County Council is required to submit an iBCF monitoring report to the Department of Communities and Local Government.

Managing any necessary changes in iBCF spending plans

As the detail of the whole emerges there are instances where the emphasis within schemes has to change because the need is being met through another iBCF scheme or an expanded core BCF scheme or a gap has been identified.

In addition a scheme may be continuing as planned but due to the timescales of mobilisation it is unlikely that it will fully use the funding available to it within the financial year.

How to effectively make use of funding under such circumstances has been considered at length by the BCF steering group. This has concluded that a simple test, within an agreed process, of the amended plan be applied that fits with the following criteria:

- Continues to fit with HICM
- Fits within the same or very closely similar financial arrangement.
- Continues to address one or more of the core aims of the iBCF
- Continues to be able to report on progress

The process will be one that requires a business case to be made for the re-profiling of spending plans using a similar template to that used for the original iBCF. As speed in decision making under such circumstances will be important it is proposed that business cases are presented to the BCF steering group that will have the authority to approve the change. This gives the assurance of doing so within the BCF governance arrangements with the right level of scrutiny and clarity of accountability.

In line with BCF governance all such changes will be reported to subsequent Health and Wellbeing Board meetings. It is not anticipated that there will be many instances of such re-profiling required but the ability to do so will help partners continue to meet their requirements and effectively use the resources that have been provided in a timely manner.

BCF and iBCF governance arrangements

The Lancashire Health and Wellbeing Board is the accountable body for the Lancashire Better Care Fund. Governance arrangements have been in place to support this accountability since the inception of the BCF. The two key bodies within this are the Lancashire BCF Steering group and Programme Managers' group. Both have been successful in bringing together the wide range of BCF partners, creating coherent plans and supporting delivery against these.

As the planning environment has changed with the introduction of A&E delivery boards, the growth of Local Delivery Partnerships, the arrival of Sustainability and Transformation Partnerships, the emergence of Accountable Care Systems and increased emphasis and scrutiny on DTOC the role of BCF could have been lost. It has however been given greater

emphasis and relevance, reflected across all guidance and policy, with the introduction of iBCF and the reaffirmation of its importance in addressing DTOC. To ensure that this achieves the right impact it is important that the BCF Steering Group has the right level of engagement with all partners and is an integral part of the whole health and social care system. The steering group will therefore be taking steps to ensure that it has the commitment of all partners and that links with associated planning and decision making forums are formalised and strengthened.

Delayed Transfers of Care (DTOC)

The level of DTOC has been a long standing measure of the impact of BCF. In 2016/17 DTOC there was a 34.7% increase in DTOC over the previous year.

Data for Q1 2017/18 (April to June) is showing a 2.9% variation over plan.

With the increasing challenge seen locally and nationally on DTOC there has been increased emphasis on the use of BCF to address this. It was a specific requirement in BCF plans 2017/19 to demonstrate that there were plans in place to implement the High Impact Change Model (HICM) for managing transfers of care, the mandated tool for DTOC improvement planning.

The use of the iBCF was limited to three purposes that included; “supporting more people to be discharged from hospital; when ready”. Individual iBCF schemes were tested against fit with the HICM before their inclusion was agreed.

The NHS England Mandate for 2017-18 set a target for reducing DTOC so that, at a national level, delayed transfers of care are no more than 9.4 in every 100,000 adults. This is a system wide obligation but, it is expected that BCF will contribute to meeting it.

All CCGs were required to submit trajectories for DTOC, for their resident populations, in July 2017. This was then followed by a submission of trajectories that distinguished between NHS and Social Care attributable DTOCs and was made against the context of a requirement for Social Care to contribute 50% of the overall improvement required. The trajectories were submitted with the BCF plan. The completed trajectory template is attached at Appendix B.

Data for July and August 2017 shows a variance of 9% and 0.1% respectively. September data will be available by mid-November 2017.

It was made clear in guidance that these trajectories and actual performance would be subject to significant scrutiny and expectations were given for the level of performance to be achieved by November 2017. All DToC targets from November 2017 onwards have been set by the DoH / DCLG. For all elements and the totality of the health and social care system in Lancashire they are extremely challenging targets requiring an improvement in performance of a halving of DToCs. Improvement on current levels is difficult and even though iBCF spend is happening, and will have an impact, it is seen as highly unlikely that the required improvement will be seen within the near future.

A joint letter from the Secretaries of State for Department of Communities and Local Government and Department of Health, on the 10th October, identified DToC performance in Lancashire as being, nationally in the bottom quartile for rate of DToC (total delayed days per day per 100,000 18+ population).

The letter states that:

“Where councils, including yours, have significant performance challenges, there will be additional monitoring and escalation. This means that with effect from now:-

- We will be closely monitoring your DToC progress between now and November.
- We will include your council in the November review of 2018/19 iBCF allocations announced at Spring Budget. We will be looking for evidence of significant performance improvements in the September data (published in November) before making a final decision on which local authorities will be formally reviewed".

The letter states that a review may result in placing of conditions on how a proportion of the additional 2018/19 iBCF funding to support DToC performance is used or that the published allocation for a council could be reduced should performance continue to fail to improve. The letter is attached at Appendix C**.**

The letter not only focusses on the performance of the Local Authority and is clear that an equal responsibility lies with the NHS.

“For CCGs with particularly poor performance, NHS England will consider whether to take action through this framework including placing a CCG in special measures or under statutory directions.”

The challenge on DTOC has been identified at all levels as a priority. At a meeting of Lancashire County Council cabinet members and senior NHS officers it was agreed to make it such and central to the refocussing of the councils relationship with the NHS.

The Lancashire BCF steering group is coordinating a DTOC and BCF challenge to provide the detail of targeted activity and coordination to address DTOC.

The Lancashire and South Cumbria Urgent and Emergency Care Network has begun work to review and redesign as necessary the processes that manage the recording, monitoring and reporting of DTOC. This is under the umbrella of and will be reported into the BCF steering group.

Winter pressures

The delivery against BCF and iBCF plans forms a significant part of the system approach to preparing for and responding to the increased demand across health and social care and has been built into the overall winter plans submitted by A&E delivery boards and Lancashire County Council. Detailed plans covering late December/ early January will be able to specifically refer to BCF and iBCF delivery as increasing activity from that comes on line.

Reducing delayed transfers of care forms a key part of ensuring that there will be enough capacity to meet winter pressures. BCF and iBCF planning has to be coordinated with a that of the A&E delivery boards to ensure that the most is made of the resources available to the whole system and ultimately limit the negative impact of unnecessary prolonged hospital stays on individuals.