

Lancashire Better Care Fund Update

Mark Youlton, East Lancashire Clinical Commissioning Group, 01282 644684  
[mark.youlton@nhs.net](mailto:mark.youlton@nhs.net)

**Executive Summary**

The recent publication of the Integration and Better Care Fund guidance 2017/19 has set out the continuing role for the BCF and confirmed the ongoing conditions and requirements that vary little from those set out at the creation of the current Lancashire BCF plan in September 2017.

The role of the Health and Wellbeing Board is reaffirmed as overseeing strategic direction and delivery of the BCF.

While there is an option to revise three of the four national metrics the recommendation of the BCF steering group is that these remain as originally planned.

The fourth metric, Delayed Transfers of Care, is the subject of revised nationally imposed expectations which current performance trajectories show Lancashire should be able to achieve in 2018/19. It is important to emphasise that this is only achievable because of the combined efforts across the Lancashire health and social care system that have resulted in significant improvement in performance and a drop of total delayed days from 4643 in June 2017 to 2758 in June 2018.

The guidance indicates a shift of emphasis towards impacting on and monitoring length of stays in hospital. For now, the BCF is expected to support reducing these through its efforts around DToC and the implementation of the High Impact Change Model although further requirements may be identified in coming months.

There is no requirement to create a revised BCF plan but any revisions have to be reported and must continue to meet the BCF / iBCF conditions. There have been a number of required changes identified in the Lancashire plan and these are set out in Appendix B.

**Recommendation/s**

The Health and Wellbeing Board is recommended to:

1. Note the guidance and its implications for the Lancashire BCF and Health and Wellbeing Board.
2. Approve the revisions to the BCF/iBCF plan, for 2018/19, as set out in Appendix B.
3. Approve the maintenance of the BCF metrics for Non Elective Admissions, Residential and Nursing Home Admissions and reablement at the original 2017/19 plan levels.
4. Note the expected performance for Delayed Transfers of Care for 2018/19.
5. Note the success of joint working across health and social care in significantly improving DToC performance and enabling the expectations to be met.

## **Background**

The Lancashire Better Care Fund Plan 2017/19 was approved by the board and subsequently by NHS England in September 2017.

The intention of having a two year plan was to achieve a period of stability in delivery and reduce the bureaucracy of the planning process.

To continue to support this and to allow for flexing of the plan the Integration and Better Care Fund Operating Guidance was jointly published by the Department of Health and Social Care, Ministry of Housing, Communities and local Government and NHS England on 18<sup>th</sup> July 2018. The full guidance document is available via the link [here](#). A summary is attached at Appendix A.

This report focuses on the key points of the guidance, revisions to the Lancashire Better Care Fund plan for 2018/19 and the revised expectations of the BCF delayed transfers of care (DToC) metric.

Please note that the Better Care Fund Plan includes both the original and “improved” (iBCF) plans.

## **List of background papers**

Lancashire Better Care Fund Plan 2017/19

The Integration and Better Care Fund Operating Guidance 2017/19 18<sup>th</sup> July 2018

Revisions to the Lancashire Better Care Fund plan 2018/19 (Appendix B)

## **Operating Guidance 2017/19**

The guidance reiterates much of what has been given in previous versions. Key points include:

1. The role of Health and Wellbeing Boards is confirmed; they are expected to continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners.
2. The conditions for approval of BCF plans remain the same.
  - a. The four national metrics remain the same.
  - b. For Non-elective admissions, Residential and Nursing homes admissions and ‘Reablement’ metrics there is an option to revise the targets. This option has been considered by the BCF partners and specifically by the BCF steering group. The conclusion reached was that no revision was required as sufficient challenge was built into the original targets.
  - c. The Delayed Transfers of Care DToC metric will be subject to revised centrally set expectations. Further detail is provided below.

## **Amended Plans**

3. Health and Wellbeing Boards are not required to undertake any revision of their plans except to reflect the revised DToC expectations. They can amend plans, though, to:

- Modify or decommission schemes.
- Increase investment, including new schemes

The resulting amended plans must be jointly agreed by the Local Authority and CCGs.

Lancashire CCGs and LCC have been working together to review all schemes to ensure that they are fit for purpose and value for money. Where necessary this has

led to amended or replaced schemes. The summary of these changes is set out in Appendix B.

Each amendment has been tested to ensure that the conditions and requirements of the BCF and iBCF continue to be met. This has been confirmed and it is recommended that the board supports these revisions.

The County Council has retained an iBCF allocation of £800K for commissioning DToC related diagnostics during the two years.

A significant sum of this has now been allocated to cover the cost of work that is being commissioned with Carnall Farrer as agreed by the BCF steering group (date). Carnall Farrer is an approved improvement partner with experience in working with health systems. Their work will particularly look at the operation of the intermediate care system across the whole of Lancashire with a particular focus on the use of community beds in LCC residential care homes due to the increasing challenge of managing the complex needs of people admitted and identify areas of potential improvement. The final price of this work is still under negotiation but it is unlikely to exceed 50% of the iBCF allocation.

Given the current levels of activity and financial pressures already faced within the older people's area of adults social care, the county council proposes to allocate any underspend in this areas towards mitigating the costs of those budget pressures. This will contribute towards ensuring that capacity in social work, occupational therapy, domiciliary care and residential admissions can be sustained throughout the coming winter 2018/19, and hence contribute towards continuing to reach the mandated DTOC targets.

### **Length of Stay**

4. While there will continue to be significant attention paid to the performance against the DToC metric the guidance references a shift of emphasis to reducing length of stays (LoS) in hospital. The guidance sets out a supporting role for the BCF in reducing long stays by 25% through continued delivery against the DToC expectations and implementation of the High Impact Change Model for managing transfers of care.

There are no additional requirements, on LoS, for the BCF at this time, but the guidance does state: "National partners will consider applying additional requirements for 2019/20, including through the BCF where appropriate, for local areas and NHS bodies that have made insufficient progress in reducing the number of people experiencing long stays in hospital during 2018/19".

NHS England and NHS Improvement wrote to all Community provider Chief Executives, CCG Accountable Officers, Acute provider Chief Executives on 3<sup>rd</sup> August 2018 to set out the key recommended features of voluntary local incentive schemes to reduce excess bed days, through collaboration between CCGs, acute and community providers. This letter is attached at Appendices C and D for information.

How the BCF is contributing to supporting reducing LoS and the voluntary local incentive schemes to reduce excess bed days will be reported to a future Health and Wellbeing Board meeting.

### **Delayed Transfers of Care**

5. As from November 2017 all Health and Wellbeing Board level health and social care systems were subject to nationally imposed DToC targets. For Lancashire these were extremely challenging but, as previously reported, significant progress was made in 2017/18 in narrowing the gap between actual and target performance.

The guidance has been accompanied by revised national set expectations for DToC. These are more realistic than those set previously and actual performance and forecast trajectories indicate that the requirement to meet them by September 2018 will be achieved, in Lancashire.

That this will be achieved is as a result of successful joint working across health and social care and continued prudent investment of BCF and iBCF monies over the last year. Initiatives to address DToC have resulted in a major shift in DToC performance. The table below gives a selection of data to provide an over view of the change during the last 12 months.

Month	NHS Days	Social Care Days	Joint Days	Total Days
Jun-17	1953	2436	254	4643
Nov-17	2216	1936	395	4547
Dec-17	1661	1811	431	3903
Apr-18	2221	995	207	3423
May-18	1855	1147	154	3156
Jun-18	1508	1093	157	2758

The expectation for September 2018 is 3,054 total days. Appendix E gives a more detailed breakdown of actual, expected and trends of performance.