

Lancashire Health and Wellbeing Board

Meeting to be held on 23rd July 2019

Lancashire Better Care Fund and Advancing Integration update

(Appendices 'A' and 'B' refers)

Contact for further information:

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Executive Summary

Better Care Fund Metrics

- Residential and nursing home admissions continue to fall but at a much lower rate than previously. They remain much higher than the national average.
- Reablement continues to be successful with increasing take up and consistently high success.
- Non elective admissions continue to exceed target and have seen a year on year increase for the last three years.
- Delayed Transfers of Care are considerably lower for 2018/19 than 2017/18 but performance has deteriorated over recent quarters.

BCF planning and Finances

Despite the delay in publication of Better Care Fund planning guidance partners are making progress in confirming local plans across health and social care.

Confirmation of the level of contributions to the fund is also delayed. An additional element of the Better Care Fund for 2019/20 will be the Winter pressures Grant, £5.5m for Lancashire. Partners have discussed and agreed the spending plan for this.

Advancing Integration

A high level of joint working has resulted in significant progress in designing a model for making integration across health and social care happen. The model provides the structure to manage the Better Care Fund, the Intermediate Care Review and integration as a whole. It is proposed that the Better Care Fund steering group is replaced by a body, the Advancing Integration Board, that takes on this wider responsibility while remaining accountable to the Health and Wellbeing Board.

Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Note the Better Care Fund performance against the required metrics.
- (ii) Note the planning and financial arrangements for the Better Care fund in 2019/2020.
- (iii) Note the work to date on Advancing Integration across health and social care using the Better Care Fund as an enabler.

- (iv) Approve the development of the Advancing Integration Board.
- (v) Approve the creation of the Advancing Integration transformation team.
- (vi) Approve the approach to Advancing Integration based around levels of neighbourhoods, districts, Integrated Care Partnerships and the Integrated Care System.

Background

This report provides the end of year 2018/19 Better Care Fund performance data, an update on Better Care Fund and Improved Better Care Fund (iBCF) finances for 2018/19 and 2019/20 and an update on outcomes and next steps from the Better Care Fund and Advancing Integration workshops.

Lancashire Better Care Fund Annual Performance 2018/19

Metrics for the Lancashire Health and Wellbeing Board

- **Residential and Nursing Home admissions**

During 2018/19 there were a total of 1770 permanent admissions (65yrs+) to residential and nursing homes, 722.7 per 100000 population (65+). This is better than the target of 734.2 and the actual of the previous year of 728.9. It is however considerably worse than the national average of 585.6 and, has been highlighted to the board previously, is subject to targeted work to reduce this.

- **Reablement**

Reablement was taken up by a quarterly average of 1362 people against a target of 1000. The quarterly average success was 86.33% of those people being at home 91 days after discharge from hospital against a target of 84.00%.

- **Non- elective admissions (NEL)**

There were 158,599 NELs during 2018/19, 1.10% above the target of 156,820. Q4 Non-elective admissions were 43,349 10.0% over target.

- **Delayed Transfers of Care (DToC)**

The challenging targets for Delayed Transfers of Care imposed during 2017/18 remained in place for 2018/19. During the full year there were 39,025 delayed days against the full year target of 36,636. This represents a variance of 6.5%.

Performance has worsened when compared to the significant improvements seen towards the end of 2017/18 but does remain lower than the 51,599 delayed days total for that year.

Analysis undertaken by the Oak Group, as part of the Intermediate Care Review, concluded that the majority of causes, 60%, for patients remaining in hospital inappropriately were internal to the hospitals.

Better Care Fund and Improved Better Care Fund Planning and Finances 2019/20

While the Better Care Fund Policy Framework for 2019/20 was published in April 2019 the planning guidance and confirmation of the level of Clinical Commissioning Group contributions to the fund have not yet been published, as at the time of writing. This has resulted in a delay in producing definitive plans, a lack of financial schedules and an inability to finalise and signed off a Section 75 agreement that is required for the pooled fund arrangement. The reality is however that spending plans will remain the same for this year given we are now at the end of the 1st quarter.

Fortunately, 2019/20 was set as a period of little change and partners have been able to plan locally on that basis. Those local Better Care Fund plans are currently being drawn together to enable the Better Care Fund partnership to meet its responsibility to produce a single plan that will be presented to the Lancashire Health and Wellbeing Board prior to submission to the Department of Health.

The Better Care Fund is made up of centrally prescribed minimum contributions from Clinical Commissioning Group core budgets and the Disabled Facilities Capital grant (DFG). The Clinical Commissioning Group minimum contributions levels have yet to be confirmed but are likely to be those for 2018/19 with an inflationary uplift. The Disabled Facilities Grant element has been significantly increased and confirmed at £505m nationally, £14.7m for Lancashire. This money is distributed by Lancashire County Council to the district councils to enable them to fulfil the responsibility to provide adaptations for disabled people.

The Better Care Fund provides the freedom to allow some of each Disabled Facilities Grant allocation, and for some districts significant surpluses carried forward, to be used for other social care capital projects subject to this being part of the Better Care Fund spending plan jointly agreed between the local authorities and relevant Clinical Commissioning Groups. This has the potential to provide resource to complement and support the work now necessary following the Carnall Farrar review.

It will also encourage the wider system to work together better, develop collaborative plans and join up what can be separate sources of support for vulnerable people.

A District breakdown of the grant determination is provided in Appendix 'A'.

Also included in the overall Better Care Fund are the improved Better Care Fund monies that are paid as a separate grant from central government and require an Improved Better Care Fund plan.

The Lancashire Improved Better Care Fund plan, approved by the board in August 2017, covered the period 2017/19 in line with its incorporation into the Better Care Fund plan for the same period.

The majority of schemes funded by Improved Better Care Fund have been part of the implementation of the High Impact Change Model to manage transfers of care. Their impact was seen in significant improvement in Delayed Transfers of Care in 2017/18.

The Improved Better Care Fund schemes have been subject to review and a decision-making process that has confirmed priorities for 2019/20. Options for continuation have been influenced by the emerging conclusions and recommendations from the Lancashire Intermediate Care Review. As the Improved Better Care Fund is non-recurrent funding,

ending in March 2020, a further process of decision making for what is to be funded from other sources, or ceased, is necessary over coming months.

A change for the 2019/20 Better Care Fund plan is the inclusion, in the the plan for the use of the Winter Pressures Grant (Appendix 'B'). The purpose of the grant is given as:

“Grant paid to a recipient authority under this determination may be used only for the purposes of supporting the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures including on interventions which support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care support in place, and which help promote people’s independence”.

The plan for the spend against the £5.5m Lancashire allocation has been developed and ostensibly is building in capacity to deal with pressure points across the system whilst the plans for more fundamental reform, based on findings of Carnall Farrar, are worked up.

Better Care Fund and Advancing Integration.

The Better Care Fund steering group has led two senior leader workshops and a number of development sessions to advance integration of health and social care, building upon a growing willingness across organisations to test out integration for real. This group has a new chair approved by this board, Dr Julie Higgins.

This has led to the design of a model to deliver integration. The model emphasises the role of Integrated Care Partnership level activity especially in planning and delivering against the Better Care Fund and Intermediate Care Strategy.

It has three elements:

- Developing Integrated Working as a whole.
- Managing the oversight of the Better Care Fund in Lancashire i.e. the as is.
- Delivering the Intermediate Care Strategy (as a consequence of the completion of the Intermediate Care review in Lancashire.)

Reshaping of current Better Care Fund governance arrangements will see the proposed creation of an Advancing Integration Board that will report to the Health and Wellbeing Board.

The latest workshop asked health and social care leaders, in Integrated Care Partnership groupings, to consider how they would approach integration at the levels of neighbourhood, district, Integrated Care Partnerships and Integrated Care System in delivering against the recommended care model that is emerging from the Intermediate Care review. Each group has now taken away the results to develop an initial Integrated Care Partnership delivery plan.

A key output from the workshop was identification of actions that could be taken at Integrated Care Partnership level and those that need to be owned by the Integrated Care System. The latter included Digital interdependencies, Interoperability of systems and process, Telecare and Telehealth and developing and managing the provider market.

The messages around how the agenda could be progressed included the need to build a common “scaffold” across the health and social care system that each Integrated Care Partnership could then build around reflecting local circumstances and needs.

They also included the need to make better use of the section 75 agreement beyond the transactions of the current Better Care Fund and a need not to forget the business as usual and progress at pace what could be done now rather than wait for the big changes brought about through a transformation programme.

The Lancashire and South Cumbria Integrated Care System has confirmed in its Joint Clinical Commissioning Group work plan a commitment to supporting this work so opening the way to include all Integrated Care Partnership partners.

It has been recognised that current resources could not deliver such a significant change programme. It is proposed to set up an Advancing Integration programme team with some of the funding for this to be allocated from the Winter Pressures Grant. This team will support delivery and work to Jayne Mellor, Director of Transformation and Delivery NHS Chorley and South Ribble CCG & NHS Greater Preston CCG, reporting to the advancing integration board.