

## Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 28 January 2020

### Advancing Integration by Delivering the Intermediate Care Strategy

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#### Executive Summary

This report is supplemented by a presentation around the progress of work following the review of Intermediate Care in 2019.

The Better Care Fund (BCF) requires the NHS and local government to create a single pooled budget and plan to incentivise closer working around people, placing their wellbeing as the focus of health and social care services, with a strong emphasis on community based services.

To date, the Better Care Fund in Lancashire has been used mainly in a transactional way to commission services at the interface between health and social care with a significant amount of funding linked to short term 'intermediate care' provision.

Following the Intermediate Care review, it is clear that opportunities have been missed to take full advantage of the transformational opportunity to:

- Improve quality and level of provision for individuals and their carers/families closer to home,
- Manage demand in both health and social care, and
- Maximise the impact of funding across health and social care.
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The Intermediate Care Programme is the first test of working in an integrated manner across health and social care, implementing a single set of recommendations across both sectors with accountability, financial reform and risk management being managed through the Advancing Integration Board (formerly Better Care Fund Steering Group).

#### Recommendations

The Health and Wellbeing Board is asked to:

- (i) Note the progress of the Intermediate Care Programme to date.
- (ii) Act as the accountable body for this programme.
- (iii) To hold the Integrated Care System to account for implementing via the Integrated Care Partnerships.
- (iv) Consider working with the other Health and Wellbeing Boards (Blackburn, Blackpool and Cumbria) to undertake that assurance role akin to a committee in common approach.
- (v) Agree to a review of the Advancing Integration Board membership that will function as programme board.

- (vi) To provide the check and challenge to the programme at key intervals linked to decision gateways.
- (vii) Recognise and lend support for the need for this programme to be properly resourced at Integrated Care Partnership and Integrated Care System levels.
- (viii) To link with population health management and Continuing Health Care programmes of work.

## **Background**

This document sets out the changes in approach to joint commissioning between the Clinical Commissioning Groups and local government and updates on the work in progress. The Better Care Fund (BCF) requires the NHS and local government to create a single pooled budget and plan to incentivise closer working around people, placing their wellbeing as the focus of health and social care services, with a strong emphasis on community based services.

The Health and Wellbeing Board is the accountable body for the Better Care Fund approving spending plans and receiving reports on performance against nationally specified targets.

The Better Care Fund comprises the nationally legislated minimum contribution from Clinical Commissioning Groups across Lancashire and the improved Better Care Fund which has continued but is not guaranteed long term. As a consequence of uncertain funding, services have emerged to some degree in an ad-hoc fashion and fragmented picture across the county.

In recognition of this, recent changes to the way in which the Better Care Fund is managed and administered have generated the following actions:

- Creation of an evidence base to bring precision to transformation opportunities - the review of intermediate care services by Carnall Farrar has outlined a strong case for change and a proposed strategy for improvement. This has been supplemented by a hospitalisation review by the Oak Group around appropriate place of care and work by Newton Europe, around establishing HomeFirst principles and strengthening reablement services across Lancashire to support admission avoidance and hospital discharges. It is also important to note that a review of this scale and encompassing all provision which falls under this aspect of health and care has never been completed at a national level previously.
- The Intermediate Care review, led by Lancashire County Council with full support and engagement from health colleagues, sought to unpick the current state of services and pathways within Intermediate Care across Lancashire and South Cumbria, with additional strength in the fact that the council were able to also include information from Blackpool Council, Blackburn Council and Cumbria County Council to gain a full picture of the provision across Lancashire, our unitary authority colleagues and South Cumbria.

Previously, the board agreed that a proportion of the funding to be spent on a review of Intermediate Care which is a range of social care and NHS services which are short term in provision and aimed at increasing people's level of independence through reablement, rehabilitation, recuperation and/or recovery. Intermediate Care provision incorporates health and social care services which are short term in their provision. These services are aimed at helping people to increase their independence and reduce the risk of admission to hospital or residential care. Services include, but are not limited to, rapid response therapy and nursing, crisis care hours, residential intermediate care beds and night time support.

Today, the Lancashire and South Cumbria system spends an estimated £43m per year on Intermediate Care which equates to around 45,000 episodes of care across a range of bed and home based health and care services.

This review has entailed a detailed examination of spend, activity and outcomes across the different geographies. It has signalled some strengths in the current arrangements eg reablement which is a therapy-led service working with care providers to support people to regain skills which they may have lost due to injury or illness and has achieved consistently good outcomes and home first which is both an approach to service as well as a provision in itself, supporting the early discharge of people from hospital through undertaking assessments in the home which were previously done in a hospital setting.

It has also identified areas to improve and change shifting focus more towards improving quality of provision by supporting people in the community to avoid hospital admission than regarded only as a 'step down' from hospital.

This outcome was supported by additional cost avoidance and better use of existing resources. The greatest opportunity is to shift care from the acute setting to intermediate care, increasing intermediate care requirements by 36%, over and above the increase required to meet growth in the current system. This would support a 23% reduction in demand for acute bed days and a 45% reduction in the use of short-term care beds.

Managing growth under the existing model of care would increase cost in intermediate care by £27.5m (66%) in ten years' time. The additional cost of treating patients in acute care who could be managed in intermediate care would be a further £51m (14%), and in short-term care beds a further £6.3m (55%) making a **total cost to manage growth of £84.8m**.

Implementing the new care model, assuming a four year phase in, would generate significant savings and cost avoidance for the system against the predicted cost of managing growth under the current model. The greatest impact is seen in acute care, where there would be a 10% reduction in ten years, saving £37.9m, and a £33.8m (78%) increase in cost in intermediate care. This represents a total increase in cost of £28.1m in 10 years, **saving £87.3m of predicted additional cost**.

The shift represents a 23% increase in intermediate care beds and a 123% increase in staff delivering care in home-based intermediate care services compared to today, against an increase in demographic demand of 26%.

### **Progress to date**

The Advancing Integrated Board has identified a set of principles to build trust and ensure we have a system-wide approach to ways of working and behaviours that will enable the delivery of the Intermediate Care strategy and cement our approach to joint working in the Integrated Care Partnerships by:

- Actively sharing information and knowledge;
- Clear system agreement on how resources and incentives support the whole system, in particular how we jointly agree changes to funding methodologies and flow of funding across the system to enable change;
- Agreement on which 'enabling' activities should be undertaken at a Lancashire level;
- System leaders hold themselves mutually accountable, collectively measuring results and providing feedback;
- One trusted assessment and referrals process meaning that appropriate people receive intermediate care;
- A no-blame culture and feedback loops established for continuous improvement.

To date, our joint working has achieved the following:

- A detailed Intermediate Care Review and a robust Implementation Strategy (including Blackpool, Blackburn and South Cumbria).
- Budgets for Intermediate Care are available for each Integrated Care Partnership, enabling transparency with work in progress to enable 'in-view' budgets.
- The conversation between partners has shifted into a more trusting approach with an agreement for budgets to move towards being 'in view' and in time to move to aligned and possibly pooled budgets in Integrated Care Partnerships.
- Building support within local authorities for advancing integration by using intermediate care as a proof of concept for effective joint plans at Integrated Care Partnership and Integrated Care System levels, including positive discussions with the unitary authorities.
- Change in the governance structure of the Better Care Fund Steering Group resulting in the formation of the Advancing Integration Board (AIB). This Board has responsibility for the programme management of the intermediate care strategy and implementation plan.

### **Next Steps**

The Programme Initiation Document has been drafted, which articulates the transformation plan, resource requirements and benefits for the system. The next steps within this programme are to:

- Create a detailed Intermediate Care Strategy, with aligned commissioning standards.
- Consider options for high level implementation and resource phasing.
- Develop an Integrated Care System-wide financial and risk management strategy for Intermediate Care provision

### **List of background papers**

*Carnall Farrar (2019) –Lancashire Intermediate Care Review*

Accessible at:

<http://council.lancashire.gov.uk/documents/s149994/Presentation.pdf>