

Refreshing Leicestershire's Integration Plan for 2019/20



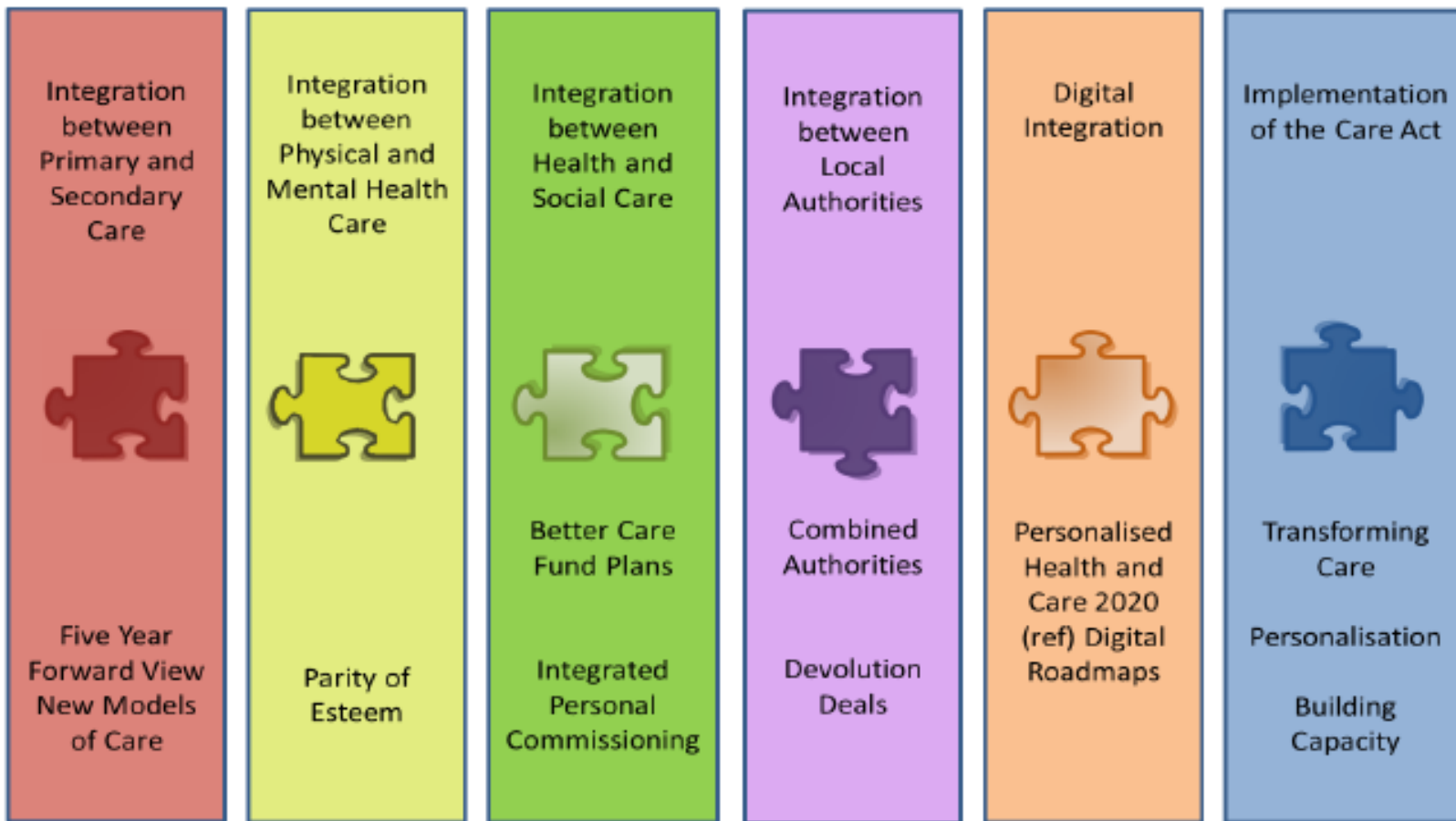
Better Care Fund – the story so far...

- Since 2011 there has been a pooled budget requirement between health and care, previously called the health transfer monies (HTM).
- Better Care Fund (BCF) policy and original BCF plans – 2014.
- BCF plans are approved annually, locally by the health and wellbeing board, but are subject to regional and national assurance via NHSE.
- The Leicestershire BCF was refreshed for 2017-19, in line with national guidance, building on the progress made during 2015/16 and 2016/17.
- The Leicestershire Integration Programme is governed by the Leicestershire Integration Executive and Leicestershire Health and Wellbeing Board.
- The scope of the Integration Programme includes the Leicestershire BCF plan, plus a number of other integration activities, in support of countywide and LLR wide transformation plans. Further information about the Leicestershire Integration Programme including a copy of the 2017-19 BCF plan:
<http://www.healthandcareleicestershire.co.uk/health-and-care-integration/>



What do we actually mean by Integration?

6 Pillars of Integration Policy



Overall strategic challenges ...

- Prolonged period of austerity, limited funds for transformation.
- Rising demand, demography, changing consumer expectations.
- Inconsistent or incomplete national policy.
- **NHS 10 year plan and Green Paper on ASC pending**
- BCF policy has been a political football between government departments.
- Fragmentation in health and care economies, works against collaboration.
- New markets, new technologies and innovations.
- New operating models for social care, healthcare and integrated care.
- Underestimation of the cultural and technological changes needed.
- Complexities of place based working, locally and sub regionally and the “who’s in charge” system leadership question.
- Democratic deficit in the NHS, culture clash between LAs and NHS.
- The scale of the digital revolution (data sharing, electronic records, digital channels and tools for professionals and consumers, the internet of things).



The challenges facing health and care providers

- Financial sustainability - efficiencies, agency cap, tariff, the living wage.
- Workforce - recruitment and retention, overall vacancy levels, developing a new workforce, sustainability of health and care workforce, fragility of social care market, impact of Brexit.
- Burnout, turnover in key roles (GPs, CEOs).
- Regulation in the post Francis Report era, impact of CQC inspection regime
- Regulation and oversight of NHS bodies – NHSE & NHSI.
- The scale and pace of transformation needed to adopt new models of care and digital developments.
- Achieving both horizontal and vertical integration.
- Urgent Care Demand - new roles and standards for blue light services, NHS 111, extended primary care access.
- Systems integration and data sharing.
- Lack of clarity on future organisational forms and contracting arrangements for integrated care/services.



Key Challenges for Local Government

Austerity

**Rising Demand &
Demand
Management**

**Future Funding
Model for Social
Care**

**Fragility of the Care
Market**

**Complexity,
Cultural and
Funding Interface
with the NHS**

**Rising Numbers of
High Cost
Placements**

**Evolving Policy
Landscape for
Health and Care
Integration**

**Digital
Transformation**

**LA Configuration
and Devolution**



Context for Commissioners...

- Clarifying commissioning arrangements/activities at System (LLR), Place (Leicestershire), or Neighbourhood (locality of 30-50k popn) levels.
- GPs and the next phase of place/neighbourhood based commissioning (role of GP Federations).
- LA configurations and commissioning - County and Districts tiers – the unitary debate.
- Joint commissioning - under developed/slow progress.
- County footprint affected by differences in approach across 2 CCGs.
- Likely reconfiguration of LLR CCGs in the next 12 months.
- The difficulty in shifting resources effectively from one setting of care to another, the ongoing “pull” of acute demand/spend.
- Pressures of today vs transforming for the future.
- Impact of the new LLR Integrated Community Services programme on future commissioning priorities/financial decisions.



Context for Commissioners...

- Lack of a central and dynamic system model (activity and finance) that models how our health and care system currently performs and will change as a result of new models of care.
- Lack of a data warehouse/BI system that fully integrates health and care data.
- Lack of health economics expertise in LLR.
- Measuring the impact of integrated commissioning – we don't have one framework for this nationally or locally:
 - SCIE framework
 - Better Commissioning framework
 - Inadequacy of BCF metrics
 - Addressing the patient centred aspects
 - ROI for community based alternatives.
- Contractual developments for commissioning integrated services/providers.
- For integrated and system working do we now need a different commissioning skill set?



Leicestershire's Better Care Fund Plan

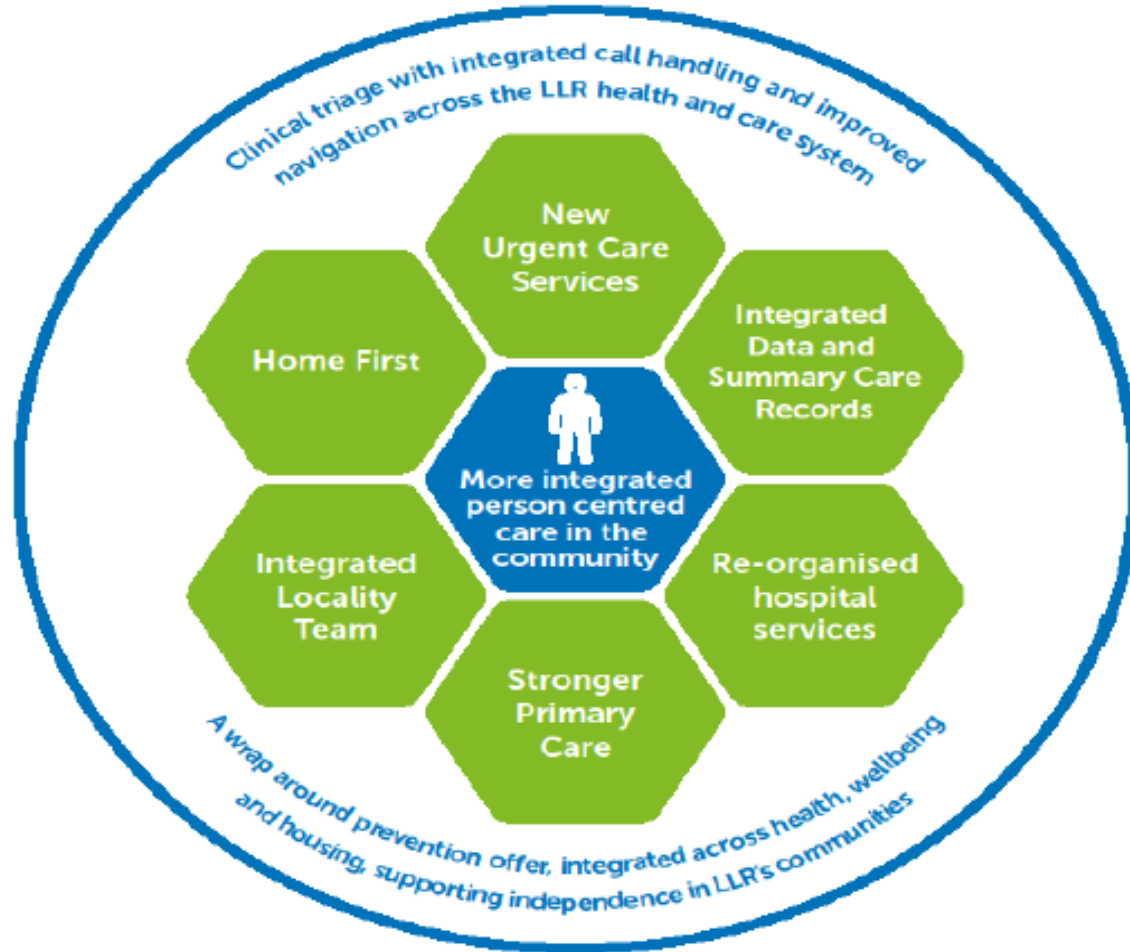


Our vision for Health and Care Integration in Leicestershire

We will create a strong, sustainable, person-centred, and integrated health and care system which improves outcomes for our citizens.



Our Model for Health and Care



Leicestershire's BCF Plan Aims

1. Continue to develop and implement new models of provision and new approaches to commissioning, which maximise the opportunities and outcomes for integration.
2. Deliver measurable, evidence based improvements to the way our citizens and communities experience integrated care and support.
3. Increase the capacity, capability and sustainability of integrated services, so that professionals and the public have confidence that more can be delivered in the community in the future.
4. Support the reconfiguration of services from acute to community settings in line with:
 - ❖ LLR Sustainability Transformation Partnership (STP)
 - ❖ New integrated models of health and care
5. Manage an effective and efficient pooled budget across the partnership to deliver the integration programme.
6. Develop an integrated health and care system by 2020/21, including the local approach to devolution where applicable.



Leicestershire BCF's Components 2017-19

<p>Unified Prevention Offer</p> <p>Prevention services for people and communities which support health, wellbeing and independence (accessed via First Contact Plus).</p>	<p>Home First</p> <p>24/7 community care reducing delays in hospital discharge, preventing readmission and providing reablement.</p>	<p>Integrated Housing Support</p> <p>Lightbulb - one integrated housing service for Leicestershire, which supports safety, independence and wellbeing at home.</p>	<p>Integrated Domiciliary Care</p> <p>Help to Live at Home Leicestershire's domiciliary care service providing help with day-to-day activities at home.</p>	<p>Integrated Locality Teams</p> <p>GP services, community nursing and social care working hand-in-hand in each community to provide joint care and support.</p>
<p>Integrated Urgent Care</p> <p>Clear, easy to access alternatives to A&E, with improved clinical triage and navigation.</p>	<p>Assistive Technology</p> <p>Utilising opportunities presented by new technology to support people to live more independently.</p>	<p>Data Integration</p> <p>Care Planning and Care Delivery supported by an integrated electronic summary care record, which can be accessed by different health and care professionals.</p>	<p>Integrated Commissioning</p> <p>Improving joint infrastructure (between Local Authority and Clinical Commissioning Groups) in priorities such as integrated personal budgets, learning disabilities and domiciliary care.</p>	<p>Falls Prevention</p> <p>Leading the implementation of the new falls prevention and treatment service across Leicester, Leicestershire and Rutland.</p>



BCF National Conditions 2017-19 (1)

- **BCF Plans to be Jointly Agreed**
 - Agreement by Local Health & Wellbeing Board.
 - Evidence of involvement of other stakeholders.
 - Meets all minimum funding requirements, including CCG minimum contributions.
 - Agreement on use on IBCF (social care allocation), per grant conditions.
- **Maintenance of Social Care Spend**
 - Proportion of the plan must be targeted to maintaining provision of social care services.
- **NHS Commissioned Out of Hospital Services**
 - Ring fenced amount for use on NHS Commissioned out of hospital services



BCF National Conditions 2017-19 (2)

- **Managing Transfers of Care**

- All local areas must implement the high impact change model for managing and improving delayed transfer of care.
- Plans for Delayed Transfer of Care (DTC) improvement to be jointly agreed and funded.
- BCF Plans must show how the national 8 high impact changes for improving transfer of care being delivered locally. These are:
 - Early discharge planning
 - Monitoring patient flow
 - Discharge to assess
 - Trusted assessors
 - Multi-disciplinary discharge support
 - Seven day services



BCF National Metrics



Reduce the number of total emergency admissions.



Increase the number of service users still at home 91 days after discharge.



Reduce the number of permanent admissions to residential and nursing homes.

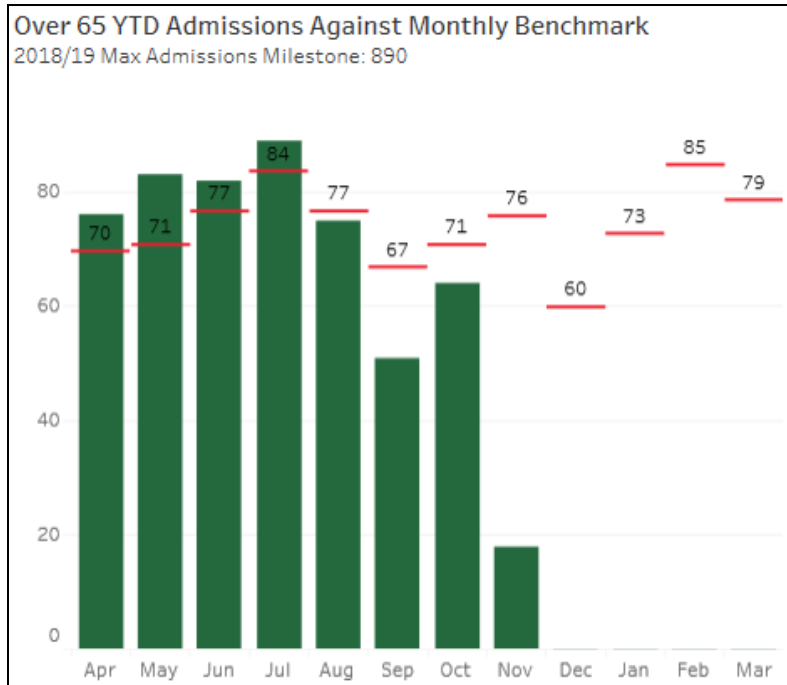


Reduce the number of delayed bed days in hospital (no more than 7.88 delayed bed days per 100,000 population).



Metric 1 – Admissions to residential/nursing homes

- Progress/Update

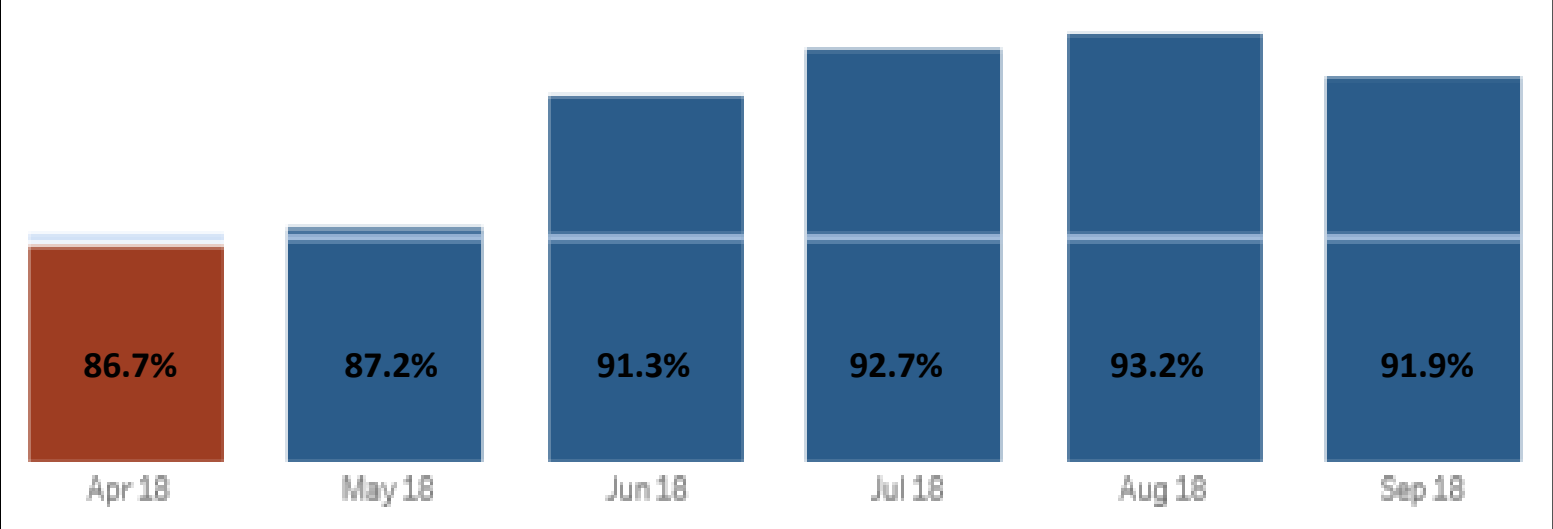


Apr – Sep: 456 (actuals) vs. 446 (target)



Metric 2 – Reablement

- Progress/Update 

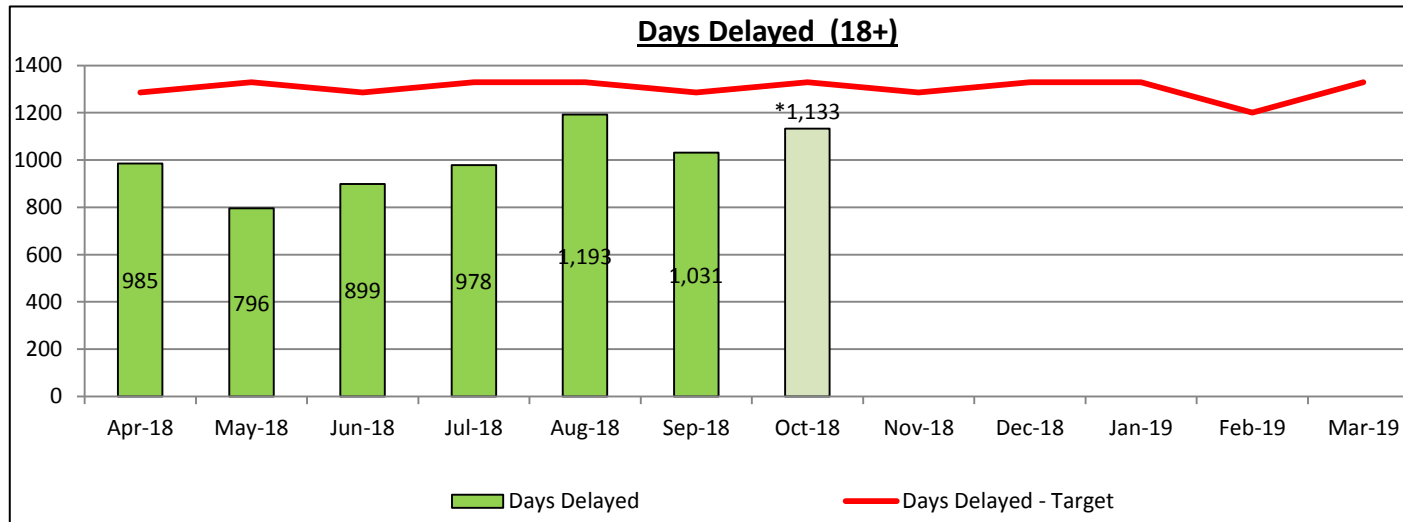


Apr – Sep: 90% (actuals) vs. 87% (target)



Metric 3 – Delayed Transfers of Care

- Progress/Update 



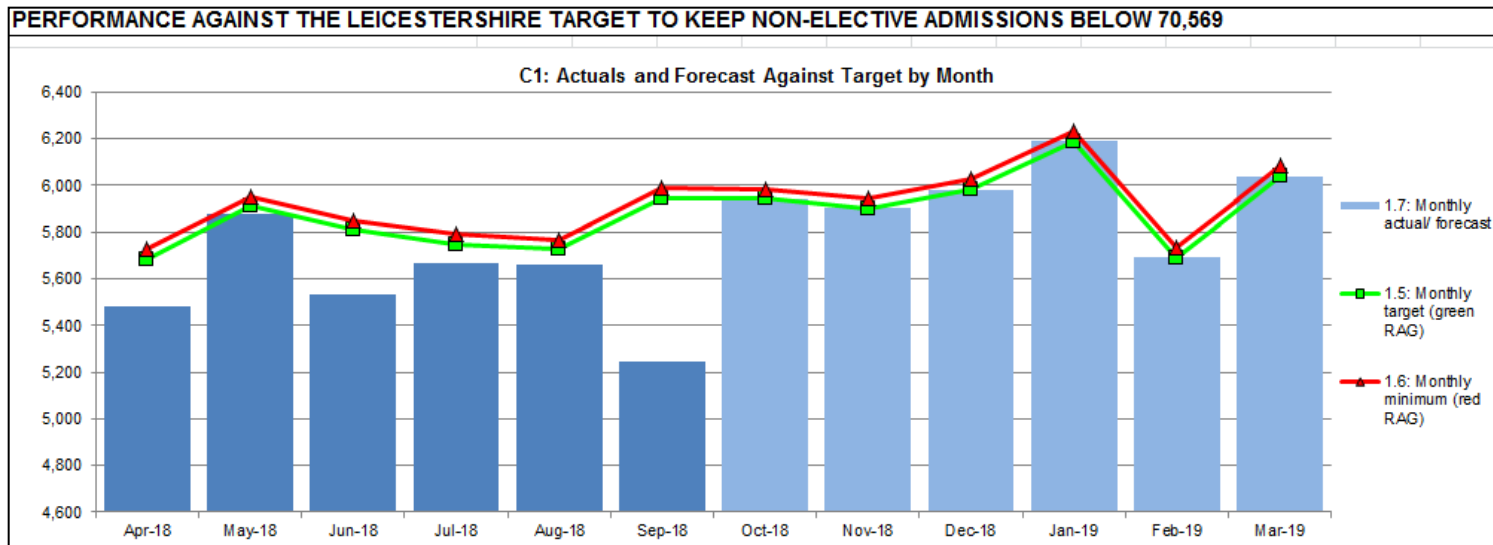
* Estimated values based on early submissions

Apr – Sep: 5.91 (average actuals) vs. 7.88 (target)



Metric 4 – Non-Elective Admissions

- Progress/Update 



Apr – Sep: 33,471 (actuals) vs. 34,821 (target)



Planning Process for 2019/20



BCF Plan 2019/20 - Current Position

- Work commenced in Sept to refresh the BCF Plan, in line with annual financial planning arrangements for CCGs and LCC.
- An initial BCF Plan Refresh (multiagency) workshop took place on 20th Sept to:
 - Set the strategic context of the refresh
 - Broadly review the expenditure plan and services with the existing plan, understanding emerging commissioning intentions, and the likely impact of changes to models of care in the next 6-12 months
 - Set out a number of actions to be addressed ahead of second workshop (22nd Nov).
- The CCG minimum contribution to the BCF Plan for 2019/20 has not been confirmed – expected mid-Dec.
- To build the BCF plan into the commissioning intentions for LCC and CCGs, the work is being undertaken in advance of the BCF Policy Framework and Operational Guidance for 2019/20 being published. Expected during Q3/Q4 2018/19.
- NHS 10 Year Plan due to be published in Q3 2018/19.
- Social Care Green paper to be published



BCF Plan 2019/20 – Key Risks & Issues

- The following is an initial view of key risks and issues in preparing the plan for 2019/20:
 - National (BCF) timescales unknown – building in full policy requirements into the plan for 2019/20 in timely manner and planning for the transitional plans.
 - Funding position and commissioning intentions within partner organisations which will impact the plan over the next 12-24 months
 - Longer term funding plans/sustainability for some services (in particular those funded non-recurrent from IBCF).
 - Ensuring BCF plan aligns with/supports BCT/STP developments
 - Maintaining the BCF national conditions and performance metrics if major changes proposed to the BCF plan.
- Risks will be reviewed/updated when national position on financial allocations and policy requirements become clearer.



BCF Plan 2019/20 – Key Milestones

- Initial review of existing BCF plan measuring progress on integration (**Aug/Sept**) - to feed into multiagency workshop (**20th Sept**)
- Feedback to the Integration Finance and Performance Group (**24th Sept**) and Integration Executive (IE) (**2nd Oct**)
- Continue with review – building findings into commissioning intentions, link to wider local integration position and monitor national policies/announcements (**Oct/Nov**)
- Engagement with LCC, CCGs, Health Providers, District Councils, Healthwatch, VAL and Health and Wellbeing Board (**Oct – Jan**)
- Follow-up workshop (**22nd Nov**) and further actions (**Nov-Jan**)
- A skeleton outline for BCF Narrative Plan and an updated BCF expenditure plan reflecting proposals to date submitted to IE (**4th Dec**)
- Governance Process for (interim*) formal approval (LCC, CCGs & HWBB) – **Jan/Feb**
- Review draft BCF Plan once BCF policy framework/operational guidance published and take through formal governance process for approval (**TBC**)

