

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Claire Jackson Interim Director of Commissioning Operations BwD CCG
DATE:	7 th March 2017

SUBJECT: Better Care Fund Quarter 3 report

1. PURPOSE

The purpose of this report is to provide Health and Wellbeing Board (HWBB) members with an overview of Better Care Fund (BCF) performance reporting for quarter 3 (October – December 2016).

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- note the BCF quarter 3 submission and progress made against delivering the BCF plan, including performance metrics

3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund plan. The management of the plan is undertaken by Executive Joint Commissioning Group.

The Blackburn with Darwen BCF plan for 2016/17 was submitted on 3rd May 2016, following an update on planning requirements to HWBB members in March.

Health and Wellbeing Board members have received quarterly updates on 2016-17 BCF plan performance.

4. RATIONALE

Better Care Fund

As outlined within previous reports to the HWBB, the case for integrated care as an approach is well evidenced. Rising demand for services, coupled with the need to reduce public expenditure, provides a compelling argument for greater collaboration across health, care and the voluntary sector.

The Spending Review set out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. This is reflected in the NHS Planning Guidance 2016/17-2020/21 Delivering the Forward View. The Better Care Fund remains a key policy driver to support integration of health and care services at a local level.

5. KEY ISSUES

Quarter 3 2016/17 submission

The BCF quarter 3 submission was made on 3rd March following sign off by the Chair of the Health and Wellbeing Board. The submission requirements remain unchanged from quarter 2.

The submission includes an update on performance against national metrics between October and December 2016, as outlined below.

- Non-elective admissions have reduced by 723 during quarters 1 and 3 of 2016 compared to same reporting period in 2015/16, however acuity of patients being admitted to hospital is increasing which is reflected in increased costs.
- Performance is slightly above plan for residential care admissions. The total for the year to date (3 quarters) is 122 admissions, i.e. 586.5 per 100,000 pop over 65. If extrapolated for a full year this would equate to 782.1 per 100,000 pop over 65, against the target of 758.2.
- The target of 90% of older people (aged over 65) that are still at home 91 days after discharge from hospital was met for quarter 1 and quarter 2 targets. In quarter 3 the figure was slightly lower at 87%, but remains well above the North West and England averages (82.1% and 82.7% respectively in 2015/16). Use of reablement continues to be a key factor in preventing unnecessary admissions into residential and nursing care and supporting timely discharge from hospital.
- Performance is currently below target by 246 bed days for reducing Delayed Transfers of Care (DToC). A recovery plan is being implemented across Pennine Lancashire, led by the A&E Delivery Board.
- Performance is ahead of plan for the local dementia diagnosis target.

The Q3 submission requires local areas to identify areas of success and challenges which have been outlined below.

Highlights and successes

- Learning from experience of joint working to deliver the local BCF plan continues to influence the development of the Sustainability and Transformation Plan and Pennine Lancashire Local Delivery Plan.
- This includes the development of the Out of Hospital model of care
- Our local model of care has been further developed, with plans to extend neighbourhood teams to include wellbeing services, mental health, services to meet the needs of vulnerable adults and children and young people.
- Positive relationships continue to be developed and strengthened across health and care
- Implementation of Discharge to Assess model across Pennine Lancashire
- Developed an integrated specification for the procurement of community rehabilitation beds aligned to a new capital build project
- Commenced joint procurement of Community Equipment Service

Challenges and concerns

- System and financial pressures, including increased acuity, remains a significant pressure across health and care
- Delayed Transfers of Care position at quarter 3 remains above plan. A number of initiatives, aligned to the local A&E Delivery Board, have been identified including a focus on development of Discharge to Assess and review of Integrated Discharge pathways to ensure optimum utilisation of intermediate care beds and community resources
- Maintaining momentum and engagement across partnerships during a time of significant system transformation
- Delay in the release of national BCF framework and planning guidance is delaying agreement of budgets for 2017-18. This is impacting on contracts for some services, particularly Voluntary sector which could result in loss of skills and capacity.

Two national conditions have still not been achieved locally. They include;

- Is the NHS Number being used as the consistent identifier for health and social care services?
- Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?

Plans continue to be developed to support the achievement of these conditions, including learning from other areas that are reporting as achieved. It is unlikely that these indicators will be required within 2017-18 BCF plans.

2016/17 BCF Finance

The 2016/17 BCF budget is £12,433,000 with a forecast spend at the end of Month 9 of £12,215,674.

The 2016/17 budget has been broken down into:

- Spend on Social Care - £5,544,332 (45%)
- Spend on Health Care - £4,119,224 (33%)
- Spend on Integration - £2,165,536 (17%)
- Contingency - £603,908

In line with the use of the BCF contingency in 2015/16, Exec JCG members have approved allocation of the total contingency budget to the CCG and Local Authority with a 50:50 share, in accordance with the Section 75 agreement for pooled resources.

This resource can then be utilised to support increased demand and acuity pressures across health and care for the remainder of the financial year. This will be supporting non-elective case mix changes for the CCG and support the Local Authority to meet the continuing demand for services in particular home care, crisis support and reablement.

2017-18 planning

The BCF policy framework and planning guidance for 2017-18 has not yet been released. It is expected that Health and Wellbeing Boards will be required to sign off plans prior to final submission. Guidance will be shared with HWBB members once published, along with required timescales for submission. It is likely that local BCF plans will be expected to align to Sustainability and Transformation Plans (STP) and the Pennine Lancashire 'Together a Healthier Future' Local Delivery Plan.

BCF pooled budget 2017-18

The CCG minimum pooled budget contribution for 2017/18 will be £11,169,000. This is an increase of £197,000 from 2016/17 requirement. It is anticipated that the BCF planning guidance will outline expectations for allocation of budget against national conditions.

Government have consulted on the distribution of the Improved Better Care Fund as part of the Local Government Finance Settlement 2017/18. The spending review set out the expected available revenue for Local Government spending through to 2019/20 and Core Spending Power information for Local Authorities has now been issued including proposed allocations of the Improved Better Care Fund.

The Improved Better Care Fund represents nationally an additional £105 million in 2017/18, £825 million in 2018/19 and £1.5billion in 2019/20. The proposed approach to distributing the Improved Better Care Fund recognises that authorities have varying capacity to raise council tax (including that through the adult social care precept).

The Core Spending Power included proposed allocations of the Improved Better Care Fund for BwD as follows:

- 2017/18 £717,301
- 2018/19 £3,714,497
- 2019/20 £6,257,725

The improved Better care Fund is to be allocated directly to Local Authorities and as such has been included within the Local Authority Medium Term Financial Strategy. Further guidance in respect of the improved Better Care Fund and its inclusion in pooling arrangements is still awaited.

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. Any further impact due to changes in National Policy or planning guidance will be reported as they arise.

7. FINANCIAL IMPLICATIONS

No further financial implications have been identified for quarter 3.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery has been presented to Health and Wellbeing Board members in previous reports. A Section 75 agreement is in place between the Local Authority and CCG which outlines risk sharing arrangements associated with the Better Care Fund and other funding streams aligned to integrated delivery locally. The agreement has been reviewed to reflect joint arrangements in 2016/17.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members as part of the initial plan submission. Any further resource implications will be reported as they arise.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality and health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan.

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care

schemes, including new business cases, and are integral to service transformation plans.

11. CONSULTATIONS

The details of engagement and consultation with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF plan. Learning from the Pennine Lancashire 'Together a Healthier Future' engagement will inform the development of the 2017-18 BCF plan. Consultation and engagement will form part of business case development for any new or redesigned BCF schemes.

VERSION:	V1
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DATE:	21 st February 2017
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BACKGROUND PAPER:	Previous BCF reports to HWBB members
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