

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Claire Jackson, Interim Director of Commissioning (Operations), BwD CCG Steve Tingle, Director of Adults (DASS), BwD LA
DATE:	20 th June 2017

SUBJECT: Better Care Fund Quarter 4 Report and 2017-18 Plans

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 4 (January – March 2017) including progress in relation to delivery of the plan since the previous report to Board Members on 7th March 2017
- Provide HWBB members with an update in relation to the 2017-18 proposed budget allocation for Better Care Fund, including Improved iBCF
- Provide HWBB members with an update on planning for 2017/18 including timescales for submission

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the BCF quarter 4 submission and progress made against delivering the BCF plan, including performance metrics
- Note the recommendations of Executive Joint Commissioning Group (Exec JCG) in relation to the quarter 4 financial position and the 2017/18 budget
- Note the requirements and timescales for 2017/18 planning and approve sign off for the 2017/18 Better Care Fund plan by the Chair of the Health and Wellbeing Board if required
- Note the recommendations of the Exec JCG for the iBCF funding allocation

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 Exec JCG.

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 2016.

Health and Wellbeing Board members have received quarterly updates on 2016-17 BCF 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 is integrated across the country. Every part of the country must have a plan for this in 2017. This is also 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

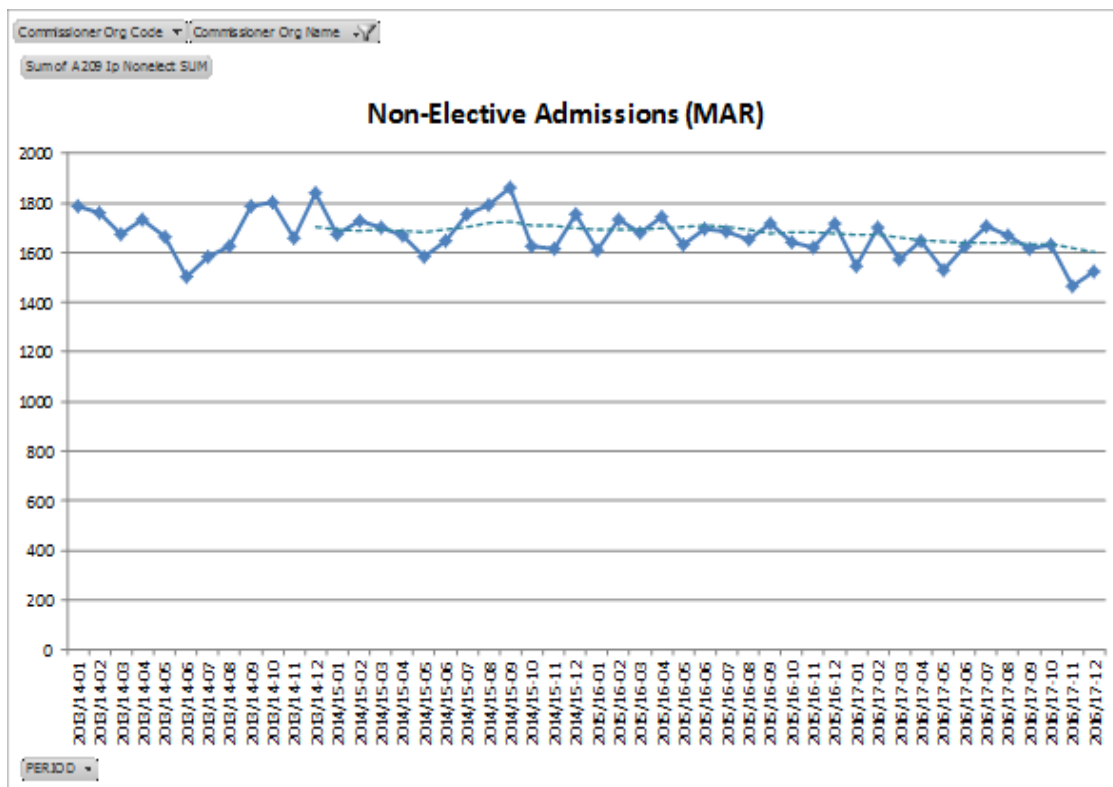
Quarter 4 2016/17 Submission

The BCF quarter 4 submission was made on 31st May 2017 following sign off by the Chair of the Health and Wellbeing Board. The submission requirements remain unchanged from quarter 3.

The submission includes an update on performance against national metrics between January and March 2017, as outlined below.

Blackburn with Darwen has continued to see reductions in emergency admissions during 2016-17. The latest available data identified that the 2016-17 outturn (BCF metric) is 808 admissions lower than the 2016/17 BCF plan [Plan = 18050 / Actual = 17242]. However, although the number of admissions has decreased we are seeing increases in the cost of these admissions which would seem to be due to more presentations of higher acuity patients, including an increase in admissions of patients over 85 years old.

Figure 1. Non-Elective Admissions



Performance is above BCF plan for the number of delayed transfer of care bed days. Reporting (at BwD Local Authority level) indicates that we are above target by an additional 393 delayed bed days. DToC will remain a significant focus for the 2017-18 iBCF plans.

The performance for residential care admissions for quarter 4 showed no improvement.

The proportion of older people aged 65+ who were still at home 91 days after discharge from hospital into reablement/rehabilitation achieved 91% at the end of quarter 4 against a target of 90%. Use of reablement continues to be a key factor in preventing unnecessary admissions into residential and nursing care.

Dementia diagnosis performance has been above plan at 81.5% as at the end of March 2017 against a target of 78%.

The local patient metric cannot be tracked at this point as the survey now only reports on an annual basis.

The Q4 submission requires local areas to identify areas of success and challenges that have been outlined below. These included;

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 Partnership and Pennine Lancashire Local Delivery Plan. This includes the development of the Out of Hospital model of care including trusted assessment, integrated discharge service and the embedding of Integrated Neighbourhood Teams.
- The local model of care has been further developed, with plans to extend neighbourhood teams to include wellbeing services, mental health teams, 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. This was trailed over the winter period and has seen positive results and the model is now being further refined and will form part of the future intermediate care offer.
- Development of an integrated specification for the procurement of community rehabilitation beds aligned to a new capital build project.
- A joint procurement of Community Equipment Service has now been undertaken which will result in improved efficiency and streamlined pathways.

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 4 remains above plan. A number of initiatives, aligned to the local A&E Delivery Board, have been identified including a focus on development further implementation of Discharge to Assess and review of Integrated Discharge pathways to ensure optimum utilisation of intermediate care beds and community resources.
- Delay in the release of the BCF planning guidance has delayed the finalisation and agreement of the BCF plan for 2017-19.
- Co-location of teams has proved challenging due to number of suitable accommodation available in Blackburn with Darwen, in particular in the North Neighbourhood.
- Gaining approval to use the NHS Number as the consistent identifier for health and social care services has been a challenging process. This has now been approved and plans are in place to roll out in quarter 1 of 2017/18

2016/17 BCF Finance

The budget underspend at end of Month 12 was £141,878. This was as a result of staffing vacancies, reduced costs for the community equipment service and medical oversight.

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 (5%) (allocated 50:50 to BwD BC and CCG)

The Exec JCG ratified the split of the underspend 50:50, in accordance with the Section 75 agreement for pooled resources, across health and social care to support the financial pressures associated with increased demand and acuity pressures during 2016/17. This means that the BCF budget of £12,433,000 for 2016-17 was fully spent at 31st March 2017.

2017-18 Planning

The 2017-19 Integration and Better Care Fund Policy Framework, prepared by the Department of Health and Department for Communities and Local Government was published on the 31st March 2017. The framework outlines the following;

- The Better Care Fund remains the only mandatory policy to facilitate integration
- It brings together health and social care funding, with additional social care funding from the Improved Better Care Fund (iBCF) announced in the Spring Budget 2017.
- The policy framework covers two financial years to align with NHS planning timetables and provide an opportunity to plan more strategically.

The number of national conditions has reduced from the previous eight to the following four:

Plans to be jointly agreed:

- Plans must be agreed by CCG and Local Authority prior to formal approval by Health & Wellbeing Board(s) (HWB). Locally the Exec JCG will provide the assurance for delivery of iBCF schemes.
- There must be involvement of other stakeholders – providers, housing authorities, voluntary sector
- All minimum funding requirements must be met.
- The Clinical Commissioning Group (CCG) minimum contribution is to increase in line with the CCG overall budgets.
- There must be agreement on use of the iBCF money to ensure that the local social care provider market is supported.
- There must be agreement on use of DFG funding.

NHS contribution to adult social care is maintained in line with inflation.

- This applies to contribution from CCG minimum.
- There will be an uplift of the minimum required contribution from 2016-17 baselines in 2017-18 and 2018-19
- Local areas can agree higher contributions from the CCG minimum or additional contributions.
- The planning template will be pre-populated with figures – including 2016-17 baseline as

assured.

- There will be an opportunity to query baseline if all parties agree it is wrong.

Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care.

- A ring-fenced amount for use on NHS commissioned out of hospital services will be set out in the allocations.
- This applies to the CCG minimum and covers any NHS commissioned service that is not acute care – can include social care.
- Areas are expected to consider holding funds in a contingency if they agree additional targets for Non-Elective Admissions (NEA) above those in the CCG operational plan.

Managing Transfers of Care. This is a new condition to ensure people's care transfers smoothly between services and settings.

- All local areas must implement the High Impact Change model for managing transfer of care.
- This is also a condition of the iBCF grant. Plans are expected to be jointly agreed and funded.
- Where local areas are already implementing this model it should be reflected in their plans.
- Discussions should involve acute trusts.

Beyond this, areas have flexibility in how the fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance in the four metrics:

- Delayed Transfers of Care to achieve a 3.5% reduction
- Non-elective Admissions (General and Acute) proposed alignment with CCG operating plan
- Admissions to residential and care homes
- Effectiveness of reablement

BCF Pooled Budget 2017-18

The CCG minimum pooled budget contribution for 2017/18 revenue will be £11,169,000. This is an increase of £197,000 from 2016/17 requirement. In addition the capital DFG allocation within the BCF for 2017/18 has been confirmed at £1,600,145. It is anticipated that the BCF planning guidance will outline expectations for allocation of budget against national conditions. Due to delays in release of the guidance the CCG and Local Authority have approved in principle the 2017-18 allocated for BCF.

The budget includes additional resources to support inflation uplifts for social care and health contracts, continued support to the voluntary sector as part of the neighbourhood offer and allocation to support reduction in falls.

Further allocation of funding has been made available from 1st April 2017 via the iBCF totalling £4,306,752 in 2017/18. The funding will be paid directly to Local Authorities who must meet the grant conditions as part of locally agreed plans.

The grant must be spent on adult social care and used for the purposes of:

1. Meeting adult social care needs
2. Reducing pressures in the NHS – including supporting more people to be discharged from hospital

when they are ready

3. Stabilising the social care provider market

The Local Authority and CCG have been working together with East and wider Lancashire colleagues to develop proposals to address the requirements of iBCF across the system. Updates on the latest details in relation to the proposals below, along with funding allocations will be provided verbally to HWBB members on 20th June for formal approval by Health and Wellbeing Board members.

1. Protection of Adult Social Care which will include additional resource to support assessment capacity within neighbourhood teams, specialist assessments and transition to adulthood
2. Stabilisation of the social care market which will include National Living Wage and supporting financial stability
3. Reducing Pressures in the NHS, including reducing delayed transfers of care. The national DToC High Impact Change Model has been reviewed and the following areas highlighted as a priority across Blackburn with Darwen and the Pennine Lancashire footprint.
 - Providing additional leadership and management to the existing Integrated Discharge Service
 - Support 'Home First' which will provide immediate assessment at home following discharge from hospital or prior to hospital admission with access to crisis, reablement, therapy and social care. This offer will be aligned to existing neighbourhood and specialist services
 - Alignment of budgets and processes for patients who are likely to be eligible for Continuing Healthcare (CHC), providing assessment in the community where possible rather than a hospital bed

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 4. This report outlines budget requirements for 2017-18 Better Care Fund and Improved Better Care Fund.

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 and will be being reviewed for 2017/18.

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.

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:	V5
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CONTACT OFFICER:	Claire Jackson Steve Tingle
DATE:	12 th June 2017
BACKGROUND PAPER:	Previous BCF reports to HWBB members