

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Sayyed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA Claire Jackson, Director of Commissioning (Operations), BwD CCG
DATE:	19 th June 2018

SUBJECT: Better Care Fund Update

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 and finance position at Quarter 4 for 2017/18
- Request that HWBB members approve the developments within the BCF 17–19 plan for 18/19 delivery
- Provide HWBB member with the BCF and iBCF Finance schedule for 2018/19

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 the 12 month finance position.
- Approve the changes made within the BCF Plan for 18/19 delivery.

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 through Blackburn with Darwen joint commissioning arrangements.

The Blackburn with Darwen BCF plan for 2017/19 was approved on the 30th of October 2017, with an expectation that planned performance metrics are achieved as described. Quarterly reports have been submitted as per the national schedule, demonstrating the progress made against each scheme. The Q4 return was submitted on 20th April 2018 following sign off by the Chair of the HWBB.

4. RATIONALE

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 such that by 2020, health and social care is integrated across the country. 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

5.1 BCF Finance Position at month 12 (2017/18)

The 2017/18 CCG minimum pooled budget requirement plus the capital allocation has been analysed to reflect:

- Spend on Social Care - £5,812,187 (45%)
- Spend on Health Care - £4,191,560 (33%)
- Spend on Integration - £2,165,033 (17%)
- Contingency - £600,080 (5%) (allocated to the CCG)

The overall pooled budget underspend for BCF revenue was £22,000. It is recommended that this unspent amount from 2017/18 is carried over into 2018/19 financial year and to be earmarked for specific use under the joint financing arrangements.

There is a slippage of £403,000 on the Disabled Facilities Grant Capital monies in 17/18. This is in part due to the additional allocation announced in the Autumn Budget during November 2017. The additional funding replicated the purpose of the existing DFG and added flexibility to enable spend on wider social care capital projects as agreed jointly by the Local Authority and CCG. It is recommended that this unspent amount is carried over to 18/19 whilst maintaining the flexibility to use the funding innovatively across Neighbourhood and Intermediate Care developments.

The proposal to transfer the above unspent funds into the new financial year are 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.

5.2 BCF Pooled Budget 2018/19

The CCG minimum pooled budget requirement for 2018/19 will be £11,381,000. This is an increase of £212,000 from 2017/18. The DCLG have confirmed the DFG capital allocation for 2018/19 as £1,739,476.

The 2018/19 allocations as discussed above plus the carry forward amounts from 2017/18 are analysed as:

- Spend on Social Care - £6,501,650 (48%)
- Spend on Health Care - £4,252,828 (31%)
- Spend on Integration - £2,191,618 (16%)
- Contingency - £600,080 (5%) (allocated to the BWD Borough Council)

The BCF budget for 2018/19 has been reviewed following further joint planning across LA, CCG finance and social care leads and includes the following;

- Inflationary uplifts
- Capital allocation assigned to INT estates
- The realignment of available monies to fund a reshaped Take Home and Settle service.

- Review of Commissioning Transformation Lead - Integrated Care post with a view to recruitment in Qtr 1 2018.
- The unallocated balance of BCF of £600,080, ordinarily held as a contingency, is to be allocated to the LA in 2018/19 to meet social care demand and acuity pressures. Any further pressures or savings identified in year will be shared between the LA and CCG in accordance with the S75 agreement.

5.3 iBCF Pooled Fund 2018/19

Central Government consulted on the distribution of the Improved Better Care Fund as part of the Local Government Finance Settlement 2018/19. The spending review set out the expected available revenue for Local Government spending through to 2019/20 and the Core Spending Power information for Local Authorities has now been issued, including the proposed allocations of the Improved Better Care Fund.

Allocations in the Core Spending Power recognised that authorities have varying capacity to raise council tax (including that through the adult social care precept). Further allocations of the Improved Better Care Fund have been made following the Spring Budget. For Blackburn with Darwen the total allocations of Improved Better Care Fund are:

	Original iBCF	Additional iBCF for Social care – Spring Budget	Total
2017/18	£717,301	£3,589,451	£4,306,752
2018/19	£3,714,497	£2,186,064	£5,900,561
2019/20	£6,257,725	£1,081,454	£7,339,179

Allocations will be paid directly to Local Authorities as Section 31 grant and Local Authorities must meet the conditions set out in the grant determination as part of locally agreed plans. The grant must be spent on adult social care and used for the purposes of:

- meeting adult social care needs
- reducing pressures in the NHS – including supporting more people to be discharged from hospital in a timely way as a means to avoid Delayed Transfers of Care (DToC).
- stabilising the social care provider market

Local Authority Section 151 Officers are required to certify use of the grant and submit quarterly returns to the Secretary of State. Local Authorities must pool the grant funding into the local Better Care Fund and work with CCG's and providers in line with the Better Care Fund Policy Framework and Planning Requirements 2017-19.

5.4 BCF 2017/18 Performance Metrics

Due to the timing of the Q4 return and year end reporting processes the metrics described within this report relate to Q3 data. Q4 data will be captured within 2018/19 Q1 report.

Reduction in non-elective admissions – currently on track to deliver

There continues to be a reduction in NEL hospital admissions. The impact is particularly positive in relation to the 50+ age group, which is in line with local investment decisions aimed at deflecting frail elderly and people with long term conditions from admission. Integrated working at a neighbourhood level across health, care and the voluntary sector continues to support people to avoid hospital admission and remain independent.

Rate of permanent admissions to residential care – currently on track to deliver

The reported number of placements over this period reflects a positive picture and our approach to reducing the number of people entering long term care. It is important to note that in the vast majority of cases, service users go into short term care first and a proportion will be appropriate for a long term placement which may reflect in the figures in future periods.

The 2017/18 planned figure was set at 175 admissions (817.1 per 100,000 population). As at the end of December there were 122 admissions for people aged 65+.

Blackburn with Darwen continues to provide in reach reablement, dedicated social worker support and access to therapy services to maximise the opportunity for service users to return home following a period of short term care.

Reablement – currently on track to deliver

The reablement target relates to the proportion of people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. The 2017/18 target was set as 91.4%. In quarter 1 there were 110 people still at home after 91 days, out of 122 admissions (90.2%). In quarter 2 there were 64 people still at home, out of 68 admissions (94.1%). In Q3 we had 69 people still at home out of 78 admissions (88.5%). That gives a cumulative year figure of 90.7% at Q3. Q4 data will be extracted from the year end SALT return which will be completed at the end of May 2018 as per national requirements.

Delayed Transfers of Care (delayed days)- currently not on track to deliver

Several schemes have been agreed to support the reduction in DToC and are progressing as planned:

- The enhanced Home First service within BwD is fully recruited to and mobilised. Early results are positive with data capture and evaluation ongoing.
- An integrated discharge pathways leadership post has been successfully recruited to and inducted across all agencies. This post will lead the current Integrated Discharge function across health and care within Pennine Lancashire
- The Home of Choice policy has been agreed across Pennine Lancashire

There is significant work at hospital level to clearly identify and apportion DToC in line with current guidance. This will also provide consistency across Lancashire and South Cumbria. The system diagnostic of discharge pathways has recently concluded and will inform the future redesign of discharge pathways across Pennine Lancashire.

5.5 BCF 2017/18 Progress and Impact

The full evaluation of schemes submitted within the Q4 return is attached as **Appendix A**

5.6 High Impact Changes

	High Impact Change	Self Assessment	Evidence
1	Systems to monitor patient flow	Established	All referrals coming into the discharge service are triaged to ensure patient flow through the correct pathway for a safe discharge with social care, health or community services. The newly appointed joint leadership post is supporting this process.
2	Home first/Discharge to Assess	Established	Early Supported Discharge via Community Therapy Services, Residential Rehab and Reablement continues to promote the Home First model. The Enhanced Home First offer is now fully recruited to and mobilised.
3	Focus on choice	Plans in place	The Home of Choice Policy has progressed through governance and patient focus group approvals. Staff training is planned with a view to embedding the policy during Q1 18/19.
4	Enhancing health in care homes	Plans in place	The red bag scheme has been introduced to 24 care homes within BwD. Training is ongoing. INTs and Reablement continue to provide support to people in Care Homes.
5	Multi-disciplinary/multiagency discharge teams	Established	An integrated discharge service is established and co-located, supporting patients to access the most appropriate discharge pathway. The newly appointed joint leadership post will strengthen and further develop these arrangements.
6	Seven day service	Established	Weekend social worker offer in place to support assessment and discharge across 7 days.
7	Trusted assessors	Established	Trusted assessment is well established within the integrated discharge pathways and also facilitates the Home First pathway.
8	Early Discharge Planning	Mature	There has been an expansion of the early discharge offer during Q4. This includes the incorporation of direct Reablement and Early discharge Support within a wider Home First offer. The continuation and further development of the Take Home and Settle service further supports this process.

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 2. This report outlines the budget position at month 12.

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.

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.