

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Sayyed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA
DATE:	25 th September 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 for Q4 2017/18
- Provide HWBB members with the BCF and iBCF Finance position at Q1 2018/19
- Provide HWBB members with an overview of the forthcoming Local Learning Visit from the National BCF Team

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the BCF Q1 2018/19 finance position
- Note the BCF Q4 2017/18 performance metrics
- Note the planned content of the forthcoming BCF Local Learning Visit

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 Q1 return was submitted on 19th July 2018 following sign off by the Chair of the HWBB. Due to the timing of the national returns and year end reporting processes Q4 metrics were captured within the 2018/19 Q1 report.

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 Pooled Budget 2018/19

The CCG minimum pooled budget requirement for 2018/19 is £11,381,000. The DCLG have confirmed the DFG capital allocation for 2018/19 at £1,739,476.

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

- Spend on Social Care - £6,501,650 (48.0%)
- Spend on Health Care - £4,252,828 (31.4%)
- Spend on Integration - £2,191,698 (16.2%)
- Contingency - £600,000 (4.4%)

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 balance of BCF of £600,000, ordinarily held as a contingency, has been 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.

5.2 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 (£4.074m allocation)
- 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) (£561k allocation).
- stabilising the social care provider market (£1.265m allocation)

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.

5.3 BCF 2017/18 Performance Metrics

Due to the timing of the national returns and year end reporting processes, the metrics described within this report relate to Q4 2017/18 data.

The 6 month 2018/19 position will be reported to the HWBB at the end of Q3.

Reduction in non-elective admissions

There continued to be a reduction in non-elective hospital admissions throughout 2017/18 with integrated working at a neighbourhood level across health, care and the voluntary sector supporting people to avoid hospital admission and remain independent at home. Going forward however, expected increases in 'zero day admissions' due to the inclusion of the Respiratory Assessment Unit and pilot of the Accident and Emergency Care Unit within the reporting figures are likely to impact on the achievement of this metric, as it stands currently, during 2018/19. Discussions are taking place to determine how best to highlight the impact of these initiatives within the BCF return.

Rate of permanent admissions to residential care

The reported number of placements over the 12 month period reflects our approach to ensuring that all suitable alternatives are considered prior to a long term placement being made for any individual resident. The 2017/18 target figure was set at 175 admissions (817.1 per 100,000 population). The final figure at the end of Q4 2017/18 shows an increase of 17 placements. In the vast majority of cases, service users enter short term care in the first instance. Following review, a proportion of placements will become long term and will then be reflected in future figures. Blackburn with Darwen continues to provide a Reablement in-reach service, dedicated social worker support and access to therapy services as a means to maximise the opportunity for service users to return home following a period of short term care. Going forward, our Extra Care Housing schemes will offer increased opportunities for residents to access more enhanced levels of support at home.

Reablement

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 and /or rehabilitation services. The 2017/18 target was set as 91.4%. This target was met throughout the year with minor fluctuations. The Reablement service continues to provide excellent outcomes for residents and is an integral part of our care pathways. As we continue to expand the Reablement offer across all of our integrated pathways, for example Home First, the service will support residents with increasingly complex needs. This may impact on overall outcomes going forward.

Delayed Transfers of Care (DToC) (delay days in hospital)

By the end of Q4 2017/18 DToC performance was on track to meet targets. This measure is typically subject to fluctuations in response to hospital pressures however the positive trajectory reflects several schemes which have been agreed to support the reduction in DToC and which are progressing as planned:

- The enhanced Home First service within BwD is fully 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 leads the current Integrated Discharge function across health and care within Pennine Lancashire
- The Discharge to Assess pathway is established and operating as planned as a means to enable a longer period of recovery outside of the hospital environment and prior to the completion of necessary assessments.

Additionally, 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.

5.4 BCF Local Learning Visit

Blackburn with Darwen have accepted the opportunity to participate in a Local Learning visit from the National BCF Team which will take place on Tuesday 9th October. The visit will offer an excellent opportunity to showcase our integrated care developments and receive feedback/learning from other areas. During the day, the BCF Team will be introduced to colleagues from our Home First Service and from one of our Integrated Neighbourhood Teams. This will enable them to hear from our practitioners first hand and discuss the impact of our integrated care developments on ways of working and outcomes for service users. We also intend to provide an opportunity for the team to meet with senior leaders from across the partnership to discuss wider impact and priorities going forward.

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 1. This report outlines the budget position at month 3.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery have 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.

VERSION:	2.0
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CONTACT OFFICER:	Katherine White
DATE:	17 th September 2018
BACKGROUND PAPER:	

