

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Sayyed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA Roger Parr, Deputy Chief Executive/ Chief Finance Officer
DATE:	11 th December 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 Q2 2018/19
- Provide HWBB members with the BCF and iBCF Finance position at Q2 2018/19
- Provide HWBB members with feedback from the 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 Q2 2018/19 finance position
- Note the BCF Q2 2018/19 performance metrics
- Note the feedback from the National BCF Team Local Learning Visit
- Note that due to the timing of the national returns and data reporting processes, the metrics described within this report relate to data from Q1 2018/19 and up to July 2018 of Q2.

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 Q2 return was submitted on 17th October 2018 following sign off by Councillor Brian Taylor. Due to the timing of the national returns and year end reporting processes, the metrics described within this report relate to data from Q1 2017/18 and up to July 2018 of Q2.

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%)

As previously reported, 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 Integrated Neighbourhood Team 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 (£4.0m 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) (£635k 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 2018/19 Performance Metrics

Due to the timing of the national returns and year end reporting processes, the metrics described within this report relate to data from Q1 of 2018/19 and up to July 2018.

The 9 month 2018/19 position will be reported to the HWBB at the end of Q4.

Reduction in non-elective admissions

There has been an increase in emergency admissions during 2018/19 due to the 'zero day admissions' and activity through the Respiratory Assessment Unit (RAU) and Ambulatory and Emergency Care Unit (AECU). Although emergency admissions with a length of stay of 1 day or more are lower this year to date than in 2017/18 (-1.8%). Work continues to address this by integrated working at a neighbourhood level across health, care and the voluntary sector supporting people to avoid hospital admission and remain independent at home. This was referenced as a risk in the 17/18 Q 4 report and was referenced as an area of support need in the 18/19 Q 2 submission which is also being reviewed locally.

Rate of permanent admissions to residential care

The 2018/19 target has been set at the same numerical target as the previous year which is 175 admissions (817.1 per 100,000 population). The Q1 Health and Wellbeing report presented the most up to date position at the time of reporting which was a final Q4 position which showed an increase of 17 placements. Following review, a proportion of placements will become long term and will then be reflected in future figures.

Progress against targets for both Q1 and Q 2 show a slight increase in admissions to both residential and nursing care due to the increase in demand, for example for residents with dementia needs. The target is 44 admissions per quarter. The final position for Q1 data shows 52 admissions. The estimated position for Q2 data shows 46 admissions (to be finalised next quarter).

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 2018/19 target is set at 91.7%. Performance against the target is on track at 91.9%. The Reablement service continues to expand the reablement offer across all of our integrated pathways. This involves supporting residents with increasingly complex needs onto the rehab programme. This process presents a challenge around maintaining outcomes across a wider cohort of residents with increasingly complex needs.

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

Performance against target for Q2 2018/19 DToC is not on track which has lifted the total reported planned levels above plan. The increase is due to a delay in transfers of care days reported in July 2018 due to both NHS and social care delays. 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 continuing to progress as planned:

- The enhanced Home First service within BwD is now fully established and working well to support patients with more complex needs to return home from hospital at the earliest possible point in their recovery mobilised.
- 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 Reablement and Intermediate Care pathways and services are well established and can be seen to positively impact on patient flow across Q4 17-18 and Q1 18-19.
- 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. A series of improvement meetings have been organised to understand and address the current increase in demand and delays.

5.4 BCF Local Learning Visit

Blackburn with Darwen has participated in a Local Learning visit from the National BCF Team on Tuesday 9th October 2018. The visit offered an excellent opportunity to showcase our integrated care developments and receive feedback/learning from other areas. During the day, the BCF Team were introduced to senior leaders from across the partnership to discuss wider impact and priorities moving forwards. They also met colleagues from our Home First Service and the Integrated Neighbourhood Teams to enable them to hear from our practitioners first hand and discuss the impact of our integrated care developments and outcomes. 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.

We have received excellent feedback from the team who were impressed with the collaborative partnership approach locally. We have been asked to continue providing case studies of our work

on a regular basis. The team particularly noted that Blackburn with Darwen had a well established strategic partnership and integrated strategy which was delivered effectively and that they found this approach very encouraging. A thank you message has been shared with staff involved with the visit for their time and effort on the day.

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. This report outlines the budget position at November 2018.

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.

VERSION:	2.0
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CONTACT OFFICER:	Samantha Wallace-Jones
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DATE:	29 th November 2018
BACKGROUND PAPER:	

