

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:	5th March 2019

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 Q3 2018/19
- Provide HWBB members with the BCF Finance position at Q3 2018/19

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the BCF Q3 2018/19 finance position
- Note the BCF Q3 2018/19 performance metrics
- Note that due to the timing of the national returns and data reporting processes, the metrics described within this report relate to data up to November 2018 of Q3.

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 22nd January 2019, 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 Q3 return was submitted on 25th January 2019 following sign off by Councillor Mohammed Khan. Due to the timing of the national returns and year end reporting processes, the metrics described within this report relate to data for Q3 2018/19.

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.

The NHS 10 Year Plan was published in January 2019 and sets out the vision for the NHS and partners to create an Integrated Care System by April 2021, through the bringing together of local organisations to deliver 'triple integration' of primary, specialist, physical and mental health services and health with social care. The ICS key role is working with Local Authorities at 'place' level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

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 Community Voluntary and Faith Sector Funding (CVFS), as part of the wider joint Local Authority and CCG CVFS service delivery model, to procure a more integrated offer.
- Commissioning Transformation Lead - Integrated Care post in place since October 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. Reporting on use of the iBCF is undertaken via the BCF quarterly returns. 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 up to November 2018.

- **Reduction in non-elective admissions**

There has been an increase (+20.8%) in emergency admissions during 2018/19 due to the intentional change in patient pathways affecting the 'zero day admissions' and activity through the Respiratory Assessment Unit (RAU) and Ambulatory and Emergency Care Unit (AECU). The fact that the number of patients accessing services through these pathways has increased represents a positive change, albeit one that results in the overall number of reportable admissions going up. This was referenced as a risk, and referenced as an area of support need in the 18/19 Q2 submission which is also being reviewed locally by the Local Authority and CCG. Work continues to develop integrated working at a neighbourhood level across health, care and the voluntary sector, supporting people to avoid hospital admission and remain independent at home. Emergency admissions with a length of stay of 1 day or more are lower this year to date than in 2017/18 (-0.5%).

- **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 populations). Progress against the numerical target of 44 per quarter has shown a slight increase for quarters 1, 2 and 3 which is summarised below:

Quarter 1 – 56 admissions

Quarter 2 – 62 admissions

Quarter 3 – 26 admissions (up to November 2018 – this performance will be finalised in March 2019).

Rates of admissions to residential and nursing care within Blackburn with Darwen historically remain high relative to the national average. A number of factors contribute to this including demographic pressures and multiple long term conditions. Admissions to nursing care, for people with dementia and complex needs, continues to be an area of increasing demand. There continues to be a range of services in place to provide reablement in reach, dedicated social work support, assistive technology and access to therapy services to maximise the opportunity to return home. Extra care schemes are in place for people with both frailty and dementia needs.

- **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. Quarter 3 performance against the target is on track at 89%. 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 Qtr. 3 2018/19 DToC is not on track and has lifted the total reported planned levels above plan. The increase in delayed transfers of care days reported is due to both NHS and social care delays. However, the cumulative position is showing a reduction in delayed days in comparison to the previous quarter.

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 and Discharge to Assess pathways are fully established and working well to support patients with more complex needs to return home from hospital and to enable a longer period of recovery outside of the hospital environment.
- The Reablement and Intermediate Care pathways and services are well established and can be seen to positively impact on patient flow.
- A system-wide approach from a range of organisations and services is in place to support the micro management of the delayed transfers of care position and long length of stay patients.

Additionally, there is significant work at hospital level to clearly identify and apportion DToC in line with current guidance. A series of improvement meetings are continuing to seek to 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 the feedback we received was very positive. We continue to liaise with the team and at their request have submitted two case studies on 10th December 2018. We will continue to highlight our work on a regular basis with the national team.

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 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:	1.0
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CONTACT OFFICER:	Samantha Wallace-Jones
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DATE:	6 th February 2019
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BACKGROUND PAPER:	
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