

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Sayed Osman, Director of Adult Services, Neighbourhoods and Community Protection, BwD LA Roger Parr, Deputy Chief Executive/ Chief Finance Officer
DATE:	4 th September 2019

SUBJECT: Better Care Fund Update

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a BCF Q4 2018/19 and Q1 2019/20 summary of the Better Care Fund (BCF) performance and delivery.
- Provide HWBB members with the BCF and iBCF Finance position at the end of Q4 2018/19 & Q1 2019/20.
- Provide an overview of the new National BCF Planning Requirements for 2019/20 with details of the refresh of the local BCF plan and timescales.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the End of Year BCF Q4 2018/19 and Q1 2019/20 finance position, performance metrics and supporting narrative with key challenges and achievements.
- Note the new national BCF planning requirements for 2019/20 and deadlines including the requirement to develop a refreshed BCF reporting template.
- Note the authorisation of BCF reporting planning and template by Councillor Mohammed Khan in September 2019.
- Agree to receive an updated Section 75 Agreement at the Health and Wellbeing Board meeting in December 2019.

3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund Plan and managing performance against the required metrics and timetables from 2017-2020. The management of the plan is undertaken through Blackburn with Darwen's Joint Commissioning arrangements and governance structures.

A requirement of the BCF reporting is to complete quarterly template reports which have consistently been successfully submitted as per the national deadline and schedule. The reports demonstrate the progress made against each performance metrics, scheme and financial expenditure throughout the year.

The final quarter 4 2018/19 submission was submitted on 18th April 2019 following approval by Councillor Mohammed Khan. There were no requirements to submit a quarter 1 report for 2019/20 due to the

publishing of new BCF Planning requirements for 2019/20 in Spring/Summer.

This report outlines the implications of the new BCF Planning Framework 2019/20 which was published in July 2019 and outlined requirements to:

- 1) Review the 2017/19 BCF Plan to measure progress and develop future plans and schemes in line with national metrics and national conditions for 2019/20.
- 2) To refresh and agree joint pooled funding arrangement as part of the BCF plan under Section 75 of the NHS Act 2006 incorporating the increase in annual uplift of 5.3% for the 2019/20 budget.
- 3) Submit a new BCF Planning Template 2019/20 which incorporates iBCF and Winter Pressures grants by 27th September 2019.

The Blackburn with Darwen BCF plan 2017/2019 will be reviewed and updated in August 2019 and will include a summary of progress against the original objectives, highlight key achievements and learning points and set out clear plans for 2019/20. The revised plans are required to be approved by the Health & Wellbeing Board by the nationally set deadline of 27th September.

Due to tight timescales it is requested that the Blackburn with Darwen BCF Plan is approved by Councillor Khan as Chair of the Health & Wellbeing Board to enable submission within the national deadline. The final BCF Plan and Section 75 Agreement will be submitted for formal approval at the Health and Wellbeing Meeting on 4th December 2019.

4. RATIONALE

The Better Care Fund has been established by Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

The Blackburn with Darwen Better Care fund Plan for 2017-19 builds on the development and delivery of integration across neighbourhoods, districts and the wider Pennine Lancashire Health and Care economy, as set out in the plan approved by the Health and Wellbeing Board on 26th September 2017.

In April 2019 the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government produced a Better Care Fund Policy Framework document for 2019-20 which sets out the way in which the BCF will be implemented in financial year 2019 to 2020. The Framework includes local guidance on finance, performance metrics, assurance and approval processes.

In addition, a BCF Planning Guidance 2019/20 document was published and provides a framework detailing requirements for local health and social care organisations on reviewing and implementing new BCF plans for 2019-20 as outlined in section 3 above.

The BCF plan 2019/20 will continue to support the local vision for Integrated Care to deliver effective, efficient, high quality and safe integrated care to enable the residents of Blackburn with Darwen to Live Longer and Live Better. The BCF vision contributes and builds on a whole health and care system which supports the Health and Wellbeing Board's Strategy.

5. KEY ISSUES

5.1 BCF and iBCF Pooled Budget Financial Summary for Qtr 4 2018/19 & Qtr 1 2019/20

5.1a Summary of Quarter 4 2018/19

The CCG minimum pooled budget requirement for 2018/19 was £11,381,000 which is included in the total BCF budget for 2018/19. The final outturn on BCF was £12,898,821, an under spend of £648,000, the detail

of which is reported below. In 2018/19 the iBCF allocation has been fully utilised.

The overall pooled budget for BCF revenue was fully utilised in year with the underspend of £169k on BCF schemes distributed in March 2019 50:50 between the Council and CCG in accordance with the Section 75 and agreement of JCRG.

The expected underspend on the BCF grant element of Disabled Facilities Grant is £648k due to the slippage of committed spending on DFG schemes. It is requested that this is carried forward into the new financial year to support the planned capital programme for the Authority. The slippage on DFG's arises in 2018/19 across both Adults and Children's DFG schemes mainly due to the timing of expenditure. This area of work is demand led, and therefore the rate can fluctuate which impacts on the timing of the completion of works and actual discharge of expenditure. However, the capital programme of the Council allows for the carry forward of resources from one year to the next and as this slippage is committed, it is expected to be fully discharged in the new financial year.

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 were made following the Spring Budget. For Blackburn with Darwen the total allocations of Improved Better Care Fund are detailed below:

	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 are paid directly as a specific Local Authorities 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

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.

The final 2018/19 budget for the BCF and iBCF pool was £19,020,957 and the final outturn was £18,372,598, an underspend of £648,359 on DFG, as reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 18th April 2019.

5.1b Quarter 1 2019/20

- The CCG minimum BCF pooled budget requirement for 2019/20 has recently been uplifted and is now confirmed at £11,992,199, an increase of £407k from the previously notified figure of £11,585,000.
- The DCLG have confirmed the DFG capital allocation for 2019/20 at £1,876,999.
- The 2019/20 budget for the BCF and iBCF pool is £21,856,736 including carry forwards.

The 2019/20 allocations as above plus carry forward amounts from 2018/19 are analysed as:

- Spend on Social Care - £7,003,391 (48.2%)
- Spend on Health Care - £4,690,426 (32.3%)
- Spend on Integration - £2,279,877 (15.7%)
- Contingency - £543,864 (3.8%)

The BCF budget for 2019/20 has been reviewed following further joint planning across LA, CCG finance and social care leads and includes inflationary uplifts. Any further pressures or savings identified in year will be shared between the LA and CCG in accordance with the S75 agreement.

The iBCF allocations are confirmed only until the end of 2019/20 financial year and therefore currently there is uncertainty about future funding levels. The discontinuation or shrinkage of this funding beyond March 2020 is an associated financial risk and the potential resultant detrimental budgetary impact is likely to be significant.

5.3 BCF Metrics Summary & Performance Metrics

5.3a BCF End of Year Summary & Performance Metrics 2018/19

Blackburn with Darwen Health and Social Care have continued to build and improved their joint working relationship through the robust governance structure and meetings to discuss joint commissioning, planning and finance as outlined in our BCG Plan 2017-19. The BCF Plan provides the pivotal architecture to the approved local commissioning and developments of our local models of care and subsequent delivery of the system.

The success of the delivery of the joint BCF plan is outlined in the delivery and progression of five key schemes outlined in our plan:

Scheme 1 - Integrated Neighbourhood Teams -

The Integrated Neighbourhood Teams (INTs) continue to develop across the 4 neighbourhood areas with good representation from GP's and practice nurses to support the case management of identified patients with long term conditions (including end of life patients). The INT's has expanded its core membership to third sector/health and wellbeing organisations. A new INT dataset and an analysis tool have been implemented to capture the activity and outcomes of INT. The 4 x co-located teams are finalising further IT system infrastructure changes and are due to be finalised in September 2019.

Scheme 2 - Integrated intermediate care and reablement –

Blackburn with Darwen have excelled in the implementation of a range of reablement, rehabilitation and recovery services with integrated step up and step down arrangements into and out of the hospital/community setting in place across the system. These services are co-located and working in an integrated manner with a range of other inter-dependant services/schemes which is managed by regular MDT meetings and via a newly implemented Trusted Assessment Document utilised by all appropriate services and professionals to support patients to stay fit and healthy in their own homes/settings.

Scheme 3 - Supporting people to move from hospital promoting independence –

There are five imperative schemes and services that provide assessment and discharge services which are well embedded and ensuring that the patient is at the heart so that the principle of 'no decision about me without me' is at the core of all the services and teams approach. These services include Integrated Discharge Team, Home First, Rapid Assessment Team, Reablement etc. The core aims of these services is to provide rapid access to a range of support services in the community setting (carers support, transforming lives, physio's, reablement etc.) including access to the new community equipment service provides a wrap around support approach to our patients that we are proud of.

Scheme 4 - BCF contributed positively to non-elective admissions

It is acknowledged that the non-elective admissions have surpassed original targets due to an intentional change to urgent care pathways by increasing the zero length stay (+20%) and decreasing the 1+ day stay. In order to understand this we have broken down the NEL admission activity and liaised with all key health and social care work streams including Urgent Care to understand the planned changes which have

impacted on the BCF original measure.

Scheme 5 - Review of Community Voluntary, Faith (CVFS) sector services

Blackburn with Darwen Council is working in partnership with the CCG and the Community Voluntary and Faith Sector have conducted a review of the current CVFS service offer has developed a new specification to deliver an improved CVFS offer. The overall aim of all VCFS commissioned services will be to support the pathway to preventative services and self-care – to enable people to stay happy, safe and well in their own homes. This is currently out to tender and will be a 3 year contract.

5.4 Summary of BCF Performance Qtr 4 2018/19

The table below provides a summary highlight of the BCF measures and achievements collated from March 2019 data with notes per target providing further narrative.

BCF Metric No	BCF Metrics Measures	Plan	Actual	2017/18 Annual target comparator
1	Reduction in non-elective admissions	18,083	19,418	Target- 17,951 Actual – 17,817
2	Rate of permanent admissions to residential care	176 admissions per year	198 admissions	235 admissions
3	Reablement – proportion of over 65 still at home after 91 days from hospital discharge	91.7 %	91.7%	91.4%
4	Delayed Transfers of Care	Total delayed days - 3444	Total delayed days - 4060	Plan – 3216 Actual - 3676

5.5 Narrative for BCF Metrics

Metric 1 Reduction in non-elective admission -

The zero length of stay activity is created an increase in activity this year. This is due a planned change in urgent care pathways in the Respiratory Assessment Unit (RAU) and more recently through the Ambulatory Emergency Care Unit (AECU) together with further increases through the Older Persons Rapid Assessment Unit. Performance remains strong in respect to the admission of 1 day or over. A query has been put forward to NHS England Regional Assurance lead to request a change in planned activity due to this being a deliberate change to the system who has advised that we cannot re-base our target for 2019/20 but advised that other areas are in a similar situation.

Metric 2 The rate of nursing and residential care home admissions (over 65 years)

Progress against the target shows a slight increase for all quarters but is lower than the 2017/18 total of 235. We ensure that each client entering long term care has been considered for a return to community living whether this is their own home or extra care, where appropriate. BCF has contributed to a range of services including reablement in reach, increased dedicated social work capacity and access to expanded therapy services to maximise the opportunity to return home. The aim of this is to provide either a period of

short term care or to avoid admission all together.

Metric 3 Proportion of older people who are still at home 90 days after discharge from hospital into reablement and rehab services

The BCF plan and local approach has been to increase the numbers of people who access a period of reablement to enhance personal independence and support people to live at home for as long as they wish and are able. This has been achieved through providing an integrated health and social care reablement service that links closely with early help support services including Voluntary, Community and Faith sector organisations. In line with the Integrated Care Vision we are developing Step up schemes for complex frail older adults to avoid hospital admissions, as well as Step down assessment, rehabilitation and recovery services.

Metric 4 Delayed Transfers of Care

The BCF Plan and the schemes that have been progressed and commissioned via BCF through joint planning and implementation have contributed to supporting the delivery against DToC, however due to the increase in demand and growing complexity of patients it has been challenging. Overall Delayed Transfers of Care (DToC) performance for the Acute Trust which has a separate measure of no more than 3.5% delayed days has broadly achieved nationally set targets in 2018/19.

Our challenges:

It is also recognised that there has been some challenges in relation to the delivery of the requirements and timescales of BCF and performance measures which are outlined below:

- Lack of consistent and available specialist workforce to provide a consistent delivery of service
- Implementation and streamlining IT systems but the co-location of our teams and schemes and services across the health and social care system has been crucial to our success this year.
- Growing complexity of patient needs with increased challenging behaviours such as dementia and other mental/physical health issues.

Our Successes:

- Extra care schemes are in place for people with both frailty and dementia needs. There is continual monitoring of admissions to ensure that this is an optimum pathways given the level of needs and risk the person presents.
- Growth and implementation of a range of Integrated Discharges Services to support Step up and Step Down services to keep people in their home.
- Truly integrated neighbourhood and community services which are co-located in the hospital and community settings.
- Development of Albion Mill as an enhanced integrated intermediate Care due to be operational from May 2020.
- Embedded Trusted Assessment Document across a variety of health and social care teams which is now being piloted in the Community Setting.
- Positive Metrics position against a growing level of need and complexity of health and social care needs.
- Implemented a new Integrated Neighbourhood Team dataset and an analysis tool to capture the activity and outcomes of INT and feed into the Primary Care Neighbourhoods and wider health and social care system.

The above performance will be reviewed and incorporated within the refreshed BCF Blackburn with Darwen Plan for 2019/20.

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. New planning guidance has been reported within the main body of this report with a deadline for submission of new BCF reporting requirements by 27th September 2019.

7. FINANCIAL IMPLICATIONS

BCF Pooled Budget Qtr 4 Position

The final 2018/19 budget for the BCF and iBCF pool was £19,020,957 and the final outturn as at 31 March 2019 was £18,372,598, an underspend of £648,359 in respect of the slippage of the DFG capital schemes. The final outturn position has been reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 18th April 2019.

BCF Pooled Budget Qtr 1 Position

No further financial implications have been identified for quarter 1. This report outlines the budget position at month 3. Future iBCF funding is not confirmed at present. Cessation or reduction of these allocations from April 2020 is likely to have a significant adverse impact potentially on budget setting.

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 for 2019/20 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. This will be updated and presented to the Health and Wellbeing Board in December 2019 for final approval.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members within the main body of this report and advises that a refresh of the current Section 75 agreement is required to be approved by the Health and Wellbeing Board by December 2019.

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. An updated EIA will be completed as part of the refresh of the local BCF 2019/20 Plan.

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 2019/20 plan.

VERSION:	1.0
CONTACT OFFICER:	Samantha Wallace-Jones
DATE:	23 rd August 2019
BACKGROUND PAPER:	

