Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Director of Adult Social Services

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**9 June 2015**
Subject:	**Better Care Fund – an Update**

Summary: Further to the Lincolnshire BCF submission on 9 January and the required financial 'envelope' submitted on 31 March 2015 this report details both national and local developments since March and, the first quarter performance report (January – April 2015). The latter was submitted to Government as required on 29 May 2015 with the support of the Chairman of this Board.

Actions Required: Members of Health and Wellbeing Board are asked to:

1. note and comment on the attached documentation;
2. receive a further update on the BCF at the next formal meeting of the Health and Wellbeing Board.

1. Background

The Better Care Fund (BCF) has a long history with the Health and Wellbeing Board and will be an agenda item at all formal Health and Wellbeing Board meetings during 2015.

Members of the Board will recall that the BCF submission was approved prior to Christmas 2014 and submitted to the Government on 9th January 2015. In February we were notified that the submission had been approved. The "delivery vehicle" for transfer of the national funding to Lincolnshire is a Section 75 Agreement. This was signed off by the six signatories on 31st March 2015. The six signatories are the four CCGs, the County Council and the Chair of Health and Wellbeing Board.

The minimum value of the BCF in 2015/16 is £53.2m though Members will note that the level of pooling is actually £197m. This fact alone determines the nature of the agreement, in this case a framework agreement, and the number of separate elements that make up the whole. This means the BCF in Lincolnshire is made up of 5 Section 75 agreements and 2 aligned budgets.

It is important to recall that the BCF is for 2015/16 only and does not represent new money. A most pressing area of concern in securing agreement has and continues to be the level of financial risk that pertains to the BCF and the savings expected in an already stretched health and social care economy.

Notwithstanding the above integration between health and care has a high national profile and it would seem this is set to continue given the outcome of the national elections in May. Notwithstanding, the precise details surrounding the future of the BCF are yet to be determined.

Financial Risk

The Lincolnshire BCF represents a set of financial risks about which the Health and Wellbeing Board has been advised previously. However, these risks have evolved and at one level they have been diminished somewhat

Members will note that the BCF pooling itself represents a financial risk because the amount available in 2015/16 is less than that spent in 2014/15. As such service developments and commissioning activity alongside the programme overseen by LHAC is a combined attempt to reduce this financial risk.

The overall financial risk was mitigated by a 'reserve' for 2015/16 only of £5.35m held within the 'Corporate' Section 75. Members will recall that the majority of this - £3.75m - was to mitigate the risk of underperformance against the 'pay for performance' element in the BCF (non-elective activity) as required nationally.

In addition and as a part of the negotiations between the partners (4 CCGs and the County Council (LCC)) to secure an agreed pooled budget the CCGs commissioned Mills and Reeve to advise them. One outcome of this work was that

an additional financial risk was introduced related to the £20m agreed for the 'protection' of adult social care.

The net effect is that LCC agreed to a 'pay for performance' arrangement covering £1m of the £20m. This provided the CCGs with a more 'balanced' level of financial risk across the health and social care community. The details of what performance is required to secure the £1m are detailed in Appendix A as well.

In essence therefore there are 3 levels of financial risk, notwithstanding the overall financial position for health and social care in Lincolnshire about which LHAC has been most eloquent.

1. The first relates to the consequences on NHS partners as a direct result of the national requirements in the BCF and the £20m allocated to protect Adult Care.

2. The second is the financial risk of failure to achieve a 3.5% reduction in non-elective admissions and,

3. The 3rd is the £1m financial risk to Adult Care of not achieving the pay for performance element agreed with the CCGs.

The performance section below provides early reassurance that some of the risks detailed above are mitigated.

Performance

The performance report attached as Appendix A provides the first quarter analysis for both the BCF Metrics (national requirement) AND the £1m pay for performance requirement on Adult Care alone (local requirement).

Members should note that there is some reassurance that Lincolnshire is on track to deliver the required 6 BCF metrics and avoid having to use the £3.75m held in reserve.

1. 5 out of the 6 measures are ahead of target, and 1 measure is yet to be populated as we wait for the next results of the GP survey
2. Non-elective admissions to hospital have followed the expected quarterly trend, and in quarter 4, Lincolnshire achieved 116 fewer admissions than the target, saving £173,000 (at £1,490 per admission). This represents a 4.1% reduction from 2013/14 Q4.
3. The number of delayed days reported through the year mirrored the non-elective admissions trend, and was generally low which is consistent with the low number of delayed patients reported in ASCOF. In quarter 4, Lincolnshire achieved 1,258 fewer delayed days than the Q4 target, and 40% less than 2013/14 Q4.
4. Over 80% of delayed days are acute delays, 83% are attributable solely to the NHS, and over half of the delays relate to 'waiting for further non-acute care' and 'awaiting care package in own home' although delay reasons fluctuate from month to month.
5. Fewer older adults have had access to Reablement/ /rehabilitation services following a hospital stay over the winter period compared to last year. This is mainly due to reduced capacity in the Reablement home support service.

6. For older adults that did access Reablement/ /rehabilitation support, 79% were at home (with or without support) 91 days after discharge from hospital.
7. From a Social Care perspective, there has also been a large reduction in the number of older adults admitted permanently to residential and nursing care. 940 people have been placed in a care home this year, 90 less than target.
8. Statistically significant results from the annual Adult Social Care Survey show that 94% of people receiving social care feel those services help them to have a better quality of life. This compares favourably to the 91% target for 2014/15.
9. The extent to which patients feel supported to manage their long term conditions will be reported when the results of the next GP survey are published in the summer. The 2014/15 target for this measure is 63.5%.

At this point it is not possible to draw any positive conclusions about the effect of service developments in LHAC and the BCF submission that generated these results. Continued effort is being made to draw – where possible – a clear line between developments and performance. For now however the first quarters result are indeed good news.

National and Regional Developments

Style can sometimes be as important as substance. Members may have noted that the style adopted in the BCF national team was one of performance management and prescriptive. The labelling of the national Better Care Fund Task Force gives some evidence of this. LGA representation was made during March and April 2015 initiated by the County Council's CEO Tony McArdle; that a moderated approach was necessary to ensure both NHSE and LGA could work well together. The language of the national team has been changed to The Better Care Fund Support Team and the tone of updates has become more tempered.

A national stock-take of readiness to implement the BCF was undertaken in March 2015. This suggested a small number of common themes across England – notably that information governance and information technology was a concern and affecting progress. The readiness survey did not include questions regarding financial risk though did ask about overall risk. A recurring programme of readiness surveys will continue throughout the year and these are discussed at both a national and regional level.

A number of local systems are reporting CCGs under increased financial pressure in 2015/16 and, in consequence have sought to renegotiate local BCF financial agreements. NHSE published a process to reduce the likelihood of this happening (see Appendix B). This creates a prescribed process for any material changes to local BCF submissions. It has been made clear that renegotiated financial agreements for 2015/16 are not acceptable.

A national forum exists that meets monthly with representatives from NHSE, LGA, DoH and ADASS (Regional Branch Chairs). This is chaired by Andrew Webster. This forum has recently been asked to consider how best to utilise an allocation of resources (staff) to support BCF implementation. The concern from LGA/ADASS is that these extra staff are being allocated against NHSE Regional structures (N=4) and not LGA/H&WBoard structures (N=9). Currently a debate is underway to agree how best to obtain necessary regional support.

On 29 May the first reports concerning progress against performance (BCF metrics) were submitted. The original template was very detailed and prescribed. The change of style evidenced in labelling and language described above has also, it seems, affected the final reporting template required which is attached at Appendix C (this is the actual submission made on 29 May). Members will note this is a much reduced reporting document that represents a 'lighter touch' with extra space for narrative.

Cllr Sue Woolley, the Chair of Health and Wellbeing Board approved the submission prior to the return being provided. The Joint Commissioning Board has also seen this at its meeting on 2 June 2015.

2. Conclusion

The BCF represents a significant step on the journey towards closer integration between health and social care in Lincolnshire. This journey will continue and no doubt be given additional impetus with the new Government. The connections with the local LHAC initiative are profound and will continue to be strengthened.

3. Consultation

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	- Performance Report
Appendix B	- Advice on changing funding contributions
Appendix C	- BCF performance submission 29.05.15

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Glen Garrod who can be contacted on (01522-550808) or glen.garrod@lincolnshire.gov.uk.

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