

## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

### Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing

Report to	<b>Lincolnshire Health and Wellbeing Board</b>
Date:	<b>5 June 2018</b>
Subject:	<b>Better Care Fund</b>

#### **Summary:**

This report provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's BCF plan for 2017-2019. There is also a finance and performance update showing the current position.

#### **Actions Required:**

Lincolnshire Health and Wellbeing Board are asked to note the BCF report update.

### **1. Background**

The Lincolnshire Better Care Fund for 2016/17 was £196.5m. The original plan submitted for 2017 – 2019 shows sums of £226m for 2017/18 and £235m for 2018/19. The values have since been revised to £222m and £230m respectively.

Formal approval – without any conditions - to the original plan was given on 31 October 2017 with all relevant agreements put in place by 28 November 2017.

#### **BCF 2017/18 and 2018/19**

The BCF Narrative Plan and related Planning Template were submitted to NHSE on 11 September as required on 31 October 2017.

The key **financial** elements of the plan include:-

- An overall BCF Plan now totalling £222m for 2017/18 and £230m for 2018/19
- Agreement that the 'Minimum Mandated Expenditure on Social Care from the CCG minimum' complies with national requirements for a 1.79% and then 1.9%

increase, making the amount provided for the Protection of Adult Care Services £17.13m in 2017/18 and £17.465m in 2018/19.

- Over the three years of the overall iBCF funding to March 2020 the funding will be invested in:

	17/18 to 19/20
Meeting Adult Social Care Need	53%
Reducing Pressures on the NHS	22%
Stabilising the Social Care Market	24%

The key **performance** elements of the BCF Plan relate to:-

- Delayed Transfers of Care (DTC) - An increased focus has been placed on the DTC metric, and increasingly the success of the BCF Plan is nationally seen to depend on being successful in reducing DTC. The Lincolnshire plan assumes that both the local authority and the CCGs will achieve their respective – and collective - nationally set DTC targets
- Non Elective Admissions (NEAs) – the BCF Plan also assumes that the nationally set target for NEAs is also achieved.
- In both the above areas the Plan is required to identify whether 'stretch targets' should be set. This challenge has been discussed within LCC and the 4 CCGs, at the SET and also at the Lincolnshire A&E Delivery Board. It has been agreed that we will not include a stretch target in either of these areas.

BCF Planning conditions allow for the current plan to be revised from time to time, to reflect changes in assumptions that may give rise to a change in the planning total.

## 2. General BCF Update

A recent teleconference of regional BCF leads chaired by the regional Better Care Support Team provided a number of updates in relation to the BCF in 2018/19:-

- Performance elements of the BCF plan will be updated over the coming weeks with DTC targets being refreshed. BCF Support team colleagues will contact Councils to discuss new targets in due course.
- The baseline in which progress against which progress will be measured will also be changed and be based on local DTC performance in the third quarter of 2017/18.
- The date for meeting the targets will be the same as in 2017/18, with overall progress measured using September DTC performance numbers which will be reported in November 2018. No confirmation has been provided with regards to penalties for poor performance.
- BCF systems will also be given the opportunity to refresh other targets in agreement with the Better Care Support Team

- Confirmation of the final monetary values to be passed to District authorities in relation to Disabled Facilities Grant for 2018/19 will be confirmed on or around 16 May 2018. At which point arrangements will be made to pass the funding to District colleagues at the earliest opportunity.
- "Checkpoint" meetings will be held regionally and nationally to discuss the Q4 iBCF Monitoring returns submissions made by BCF systems across the country, resulting in a summary of activity which will be presented to the national BCF Programme Board and the national NHS Forum in due course.
- BCF Planning Guidance for 2018/19 is due to be published in the coming weeks, however it unlikely that fundamental changes will be made from the 2017/18 version.
- BCF Planning Guidance for 2019/20 is currently being drafted, again indications suggest little change from the current guidance and colleagues from the regional BCF support team have suggested that 2018/19 BCF plans will simply be allowed to roll over into 2019/20.

### 3. Finance

A finance update is shown as Appendix A which describes the final outturn position against the budgeted BCF. The analysis has changed since the previous submission to the Health & Wellbeing Board, with analysis of the total BCF fund of £222m now given and includes:-

- CCG funding for the Protection of Adult Care Services - £17.130m
- iBCF funding announced in the November 2015 budget - £2.105m
- iBCF Supplementary funding announced in the March 2017 budget - £15.265m
- Disabled Facilities Grant (DFG) allocations to District Councils - £5.291m
- Existing agreements included within BCF as a whole - £182.065m

Current analysis illustrated by Appendix A suggests that total spend against the BCF as a whole totalling £224.291m representing an overspend of £2.433m (1.1%) against the total allocation of £221.857.

Spending against the first four principle funding areas of the BCF were as agreed with budgets balancing against their respective allocations (£39.791m).

The area of overspend was limited to the following areas:

- Learning Disability S75 Agreement produced an overspend of £2.016m against a budget of £61.079m. This will be reported to the relevant Joint Delivery Board which is due to be held on 24 May 2018. Additional funding has already been allocated to this agreement as part of the 18/19 BCF plan to offset any future overspend in this area.
- Mental Health S75 between LCC & Lincolnshire Partnership Foundation Trust produced an overspend of £0.405m. Again a further allocation will be made against this budget in 2018/19 to offset any future overspend.

- The overspend is marginally offset by a small underspend of £0.013m in relation to the Integrated Community Equipment Service (ICES) S75 Agreement.

In both cases the overspend has been funded via the risk arrangements detailed in each of the relevant S75 agreements.

#### 4. Performance

Highlights from the latest available ratified data include:

- **Non-Elective Admissions** – A total of 20,750 admissions were made during the quarter, 2,367 more than target and a 2.2% increase on the same period last year. The target level of non-elective admissions for the year has not been achieved.
- **Residential Admissions** – At the time of writing this report, year-end figures for this indicator have not yet been finalised. There is as the data submission to Government is due at the end of May 2018. However preliminary figures for the year end show the number of new residential admissions remains low (929) and is better than the BCF target (1129) by 200 admissions. Fewer new admissions were made in 17/18 than in 16/17 (1031). The data shown here may be subject to change, and confirmed year end data will be available in mid-June 2018.
- **Delayed Days** – Details concerning Delayed Day's performance to March 2018 can be found in Appendix B.

The Q4 data shows a total of 6,198 delayed days, 1,315 more than the overall target for the period (4,883). The proportion of social care delays in the Quarter has increased from 6% of total delays in Q3 to 9%, the same as reported for Q2. The proportion of NHS delays has fallen to 72% from 77% in Q3 and the proportion of joint delays has increased slightly from 18% in Q3 to 20% in Q4. In terms of delay reasons, overall 66% of delayed days relate to three main reasons:

- waiting for further non-acute care,
- residential care
- care packages in the persons home

Although the target for the year has not been achieved, the number of delays is 25.7% lower than the same period in 2016/17.

- **Reablement** - This measure is based on a 3 month window where people discharged from hospital between October and December are checked to see their status 91 days after discharge. Preliminary data for 17/18 shows 79.6% of hospital discharges into reablement were still at home 91 days after discharge, against a target of 80% for the BCF. This is an improvement on 16/17 where the outturn was 75.4%. During the 2017/18 year, there was also an increase in number of episodes of reablement following hospital discharge (763) compared to 16/17 (668). The data shown here may be subject to change, and confirmed year end data will be available in mid-June 2018.

#### 5. PWC Audit

Lincolnshire CCGs commissioned their auditors, PWC, to conduct an internal audit on the Better Care Fund, specifically with regards to the areas concerning reporting and

governance. The report dated March 2018 was conducted over an extended period between September and December 2017.

The Councils involvement in the process included a number of meetings with the Head of Finance for Adult Care and Community Wellbeing, members of the Adult Care Finance Team as well as the outgoing lead officer for BCF and Special Projects, David Laws. The council also provided the audit team with a large number of written and financial reports.

The findings of the audit centre around three broad recommendations put forward by PWC to resolve apparent shortcomings in the current reporting and governance arrangements, with CCG senior officers given until the 28<sup>th</sup> September to implement the recommendations, these being:

#### *BCF Financial Reporting and Monitoring*

- A detailed finance report is developed that brings together information from each of the sub-delivery boards. These reports should clearly show where the CCGs are at financial exposure due to risk share arrangements for overspends within the s75 agreements including their percentage exposure for each line of expenditure.
- The report is presented to the s75 Finance Group regularly to enable challenge and accountability. This should occur on a monthly basis if reporting to the SET is to be quarterly.
- Terms of reference for the s75 Finance Group are established and that members are reminded of the importance of attending the group.
- That regular finance reports are provided to the System Executive Team that capture information on the total value of the Better Care Fund.
- That regular finance reports are produced and presented to the Governing Bodies and Finance Committees of the CCGs.

#### *BCF Performance Reporting*

- That the national performance report is updated for:
  - Definitions for performance measures which should be checked and updated against the 2017/18 BCF planning guidance.
  - Narrative explanations for all four indicators where performance is not in-line with the original plan.
  - A forecast outturn position for the full 2017/18 performance for each target.
- Performance reporting for iBCF is integrated into an overarching performance report that will help to provide a more granular level of analysis of the impact expenditure is having.
- Introduce an overarching performance report that brings together details of the performance monitoring that is occurring through each of the individual project areas/sub delivery groups/boards. This should support the work on clearly mapping out the governance structure.

## BCF Governance

- The governance structure for the BCF should be clearly mapped out so that the overarching committee with responsibility can leverage assurance and accountability from the sub structure. .

Work has been ongoing in anticipation of the outcome of the report, which includes:-

- Discussions with the four CCGs concerning the BCF governance have taken place and agreement has been reached to draft a governance structure. Once developed it will be presented for ratification by the Health and Wellbeing Board
- Production of a gap analysis of all financial and performance data in order to establish the partner's ability to produce finance and performance reports across all areas of the BCF.
- A new terms of reference for the S75 Finance Group has been established
- A new finance report is being developed in order to meet the requirements of each CCG

Reports are already presented to S75 finance group and SET on a regular basis on a regular basis, however it is agreed that further work is required to ensure that CCG governing bodies have greater access to reports than is currently the case.

## **6. Other Developments**

The NHS England Strategy Team is aiming to launch a project in the near future focussed on the scale and spread of successful approaches to integration. The project will focus on facilitated groups of peer learning from areas that are advanced in the practice of integrating health and care services. It will seek to produce applicable products which can be used by areas across the country, as part of development towards integrated systems of care.

As one of the Councils leading on the development, Lincolnshire County Council played host to members of the NHS strategy team on 19 April along with colleagues from a number of partner organisations to demonstrate how the BCF is having a positive impact across Health and Social Care in the county.

In addition to this officers of the council attended a workshop as part of the plan to help identify and develop successful approaches to delivering integration programmes in future years

Further workshops are due to take place during the summer ahead of a launch of the scheme nationally.

## **7. Conclusion**

The Board is asked to note the information provided both in this report and the appendices attached.

## 8. Consultation

None Required.

## 9. Appendices

These are listed below and attached at the back of the report	
Appendix A	BCF Financial Analysis 2017/18 Year End Outturn (HWB)
Appendix B	ADASS DTOC Overview Slide March 2018

## 10. Background Papers

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

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