

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

Report to	Lincolnshire Health and Wellbeing Board
Date:	26 March 2019
Subject:	Better Care Fund Update

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 and an update in relation to 19/20 BCF arrangements

Actions Required:

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

1. Background

The original plan submitted for 2017 – 2019 shows sums of £226m for 2017/18 and £235m for 2018/19. The values for 2018/19 have since been revised to £232.123m

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 £232m 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 £17.130m 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 (DTOC) - An increased focus has been placed on the DTOC metric, and increasingly the success of the BCF Plan is nationally seen to depend on being successful in reducing DTOC. The Lincolnshire plan assumes that both the local authority and the CCGs will achieve their respective – and collective - nationally set DTOC 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

Nationally there has been little in the way of updates with respect to the 19/20 planning process with the most recent regional update held in December as such the following updates were provided at the December meeting of H&WBB below still reflect out latest thinking.

- BCF 19/20 - The process for the 19/20 BCF will be broadly the same as the 2017-19 planning guidance which suggests that 19/20 will simply be a roll-forward of existing plans.
- DTOC – The BCST are still waiting for clarity over 19/20 DTOC targets. The regional view is that new targets should reflect progress made in particular areas (some well performing areas now have a "zero" target), however any fundamental change in targets are likely to take effect from April 2020 onwards.

- NHS Long Term Plan was published in January, with BCF requirements and policy framework due in the coming weeks. The Green Paper looking at the future funding of Adult Social Care is now likely to be published at the beginning of the next financial year.
- BCF Review – Departments are also working on a review of the BCF, the review will look into :
 - The purpose and role of the fund.
 - How funding flows can be managed in a way that is clearer and allows more focus on improving outcomes.
 - How the fund can be administered with fewer burdens to local systems.

There is still uncertainty about how local engagement will happen and plans are unlikely to be finalised until well into 2019.

In terms of 19/20 BCF funding we have now had an estimate of both BCF minimum contributions via CCG's and confirmation of iBCF funding via the publication of the Local Government settlement in January 2019. The local government settlement also confirmed one off funding for Winter Pressures in 2019/20 which will be provided to Local Authorities via the iBCF rather than a S31 grant.

Analysis of the outcome of this funding has been completed on the basis that existing BCF plans continue. On this basis the total Lincolnshire BCF value for 2019/20 will increase to £246.440m. Details of the analysis can be found in Appendix A.

Of this CCG's will be required to pass £17.769m to the Council for the continued protection of Adult Care Services, this is reduction of £0.018m when compared to our initial estimates.

However members of H&WBB are advised that confirmation of Disabled Facilities Grant Funding has yet to be confirmed and as such the analysis is subject to change.

3. Finance

The current outturn position against the current budgeted BCF for 2018/19 (£232m) and includes:-

- CCG funding for the Protection of Adult Care Services - £17.465m
- iBCF funding announced in the November 2015 budget - £14.249m
- iBCF Supplementary funding announced in the March 2017 budget - £9.209m
- Disabled Facilities Grant (DFG) allocations to District Councils - £5.698m
- Existing agreements included within the BCF as a whole - £185.502m

Current analysis as at 28 February 2019 suggests that spend against the BCF will total £235.912m this financial year. This represents an overspend of £3.789m (1.63%) against the total allocation of £232.123m.

Spending against the first four principle funding areas of the BCF is projected to produce a small underspend of £0.379m against their respective allocations (£46.621m), This is linked to the an amount of iBCF funding totalling £0.379m that remains unallocated

following the review of BCF schemes, however it has been agreed that this funding will be allocated to CCGs to help fund the increasing cost of LD Continuing Health Care costs in 18/19.

The area of overspend is linked to existing agreements and is limited to the following areas:

- Learning Disability S75 Agreement is projected to overspend by £3.301m against a budget of £70.329m. This has been reported to the LD Joint Delivery Board. This is reduced to £2.601m with the application of additional CHC funding via the iBCF totalling £0.700m
- Integrated Community Equipment Services (ICES) S75 Agreement is also projected to produce an overspend of £0.967m against a budget of £5.800m. This has been reported to the ICES Strategic Partnership Board.
- Mental Health S75 agreement between LCC and LPFT is projected to overspend by £0.600m in 2018/19

In each case any projected overspend will be dealt with via existing risk arrangements detailed in each of the relevant S75 agreements. The projected risk payments due are expected to be in the region of £1.778m for LCC and £2.391m for the four CCGs. An analysis of potential risk payments for each CCG is shown below.

East	£801,869.00
West	£710,175.01
South	£484,946.70
South West	£393,705.29
Total	£2,390,696.00

Work is also on-going to review for each of the BCF schemes over a twelve month period between October 2018 and September 2019. .

4. Performance

An expanded BCF performance report for Quarter 3 2018/19 is shown as Appendix B. The report shows excellent progress against targets across nearly all areas of work. Non-elective admissions remain a problem, and this is an area which needs further work to ensure improvement, particularly with health colleagues in primary and community settings. Highlights from the latest data include:

- **Non-Elective Admissions** – Total non-elective admissions for the quarter stand at 21,855, an average of 7,285 per month, continuing to miss the planned target (of 18,774).
- **Residential Admissions** – There have been 632 admissions of older people (65+) to permanent Residential care during the year to date; 231 admissions (27%) below the planned target threshold and improved still further since last quarter. The measure is well on target to be achieved at year end and is projected to be lower than figures for the previous two years.

- **Delayed Days** – There have been 5,203 delayed transfers of care days during the quarter. This is a further improvement on Quarter 2, and achieves the planned target threshold of 5,400 by nearly 4%. It is below the average monthly delayed days for the previous two years. Of the total delays, those attributable to the NHS only were 1.6% below the threshold target and those attributable to social care and joint were 8.4% below target.
- **Reablement** – Data is reported annually, based on the status of older people 91 days following discharge from hospital into intermediate care (Social Care and NHS) between October and December. Additional monitoring of the Social Care element is undertaken on an on-going basis; however comment cannot be provided this quarter due to changes in provider, which have temporarily disrupted some reporting. This reporting will be available for Quarter 4.
- **iBCF and Local Measures** - A number of local data measures have been provided, some of which form part of information provided to NHSE on a quarterly basis and some are locally developed impact indicators to provide further understanding of performance and activity linked to BCF funding in Lincolnshire. Measure include:
 - Number of clients in receipt of Home Care
 - Total number of Care Home placements
 - Number of reablement hours delivered
 - Number of Weekend Hospital Discharges
 - Hospital Discharges with Social Care Involvement
 - Number of Carers supported by Adult Care

Work continues to further expand reporting across all areas of BCF spend and activity to provide a fuller understanding of impact, aligned with common programme aims. This will start to become available in future quarters for comment and review.

5. Conclusion

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

6. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

7. Consultation

None required.

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire BCF 2019-20 Funding Estimates
Appendix B	BCF Performance Report – Q2 2018-19

9. 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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