

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:	27 March 2017
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 which includes the submission of the BCF Narrative Plan and the related Planning Template. 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 submitted plan for 2017 – 2019 shows sums of £226m for 2017/18 and £235m for 2018/19.

Formal approval – without any conditions - to the original plan was given on 31 October 2017.

For 2016/17 both Non Elective Admissions (NEA) and delayed transfers of care (DTC) were a priority, primarily because both nationally and locally NEAs and DTC have increased and are causing additional financial pressures particularly to NHS partners. For 2017/18 the key performance areas are the same as in 2016/17 due to an ever-increasing focus on DTC performance.

The final requirement of the submission process was to have all relevant Section 75 agreements in place by 30 November and this was achieved within the required deadline.

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.

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

- An overall BCF Plan of £226.2m for 2017/18 and £235.4m for 2018/19 with the increase predominantly relating to the iBCF funding of over £17m (£22m in 2018/19) , increases in DFG funding, and increases in the aligned CAMHS budget
- 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.

At the time of writing this report finance colleagues from the four Lincolnshire Clinical Commissioning Groups (CCGs) are working to establish an agreement between them regarding the level of contributions each make to a number of schemes within the overall plan. However it should be stressed that levels of NHS funding will remain unchanged and it is merely the split that requires confirmation.

Graduation

Graduation – this was the Government's latest phrase for moving local areas from the BCF recognising local progress on key metrics and integration of health and social care. Lincolnshire's Graduation Plan submission provided a strong evidence base of the ambitions for the Lincolnshire health and social care community. It builds on existing

strengths whilst expanding into areas mutually agreed across the community as activities to strongly link within the plan. We also intend that our graduation submission should also make a significant contribution, notably in reducing acute pressures and expanding the capacity of primary/community colleagues to 'do more'.

Our Expression of Interest (Eoi) for Graduation was submitted in May and we remain on a shortlist of 7 systems to be selected as a Graduation area.

2. Finance

A finance update is shown as Appendix A. The analysis provides an update on the Better Care Fund (BCF) for 2017-19 focusing on the £39.792m 2017/18 funding allocated directly to Lincolnshire County Council which is made of four funding streams.

- 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

In addition to the £5.291m passed to District Councils as part of their annual DFG allocation, the Chancellor announced an additional £42 million of capital funding for the DFG in 2017-18 for local authorities in England. Unlike the current 2017-18 DFG Grant Determination, the funding which totalled £0.462m for the County was allocated directly to the lower tier authorities.

The additional DFG funding is not subject to the usual BCF requirements such as the need for local authorities and clinical commissioning groups to jointly agree how to spend the funding as part of Lincolnshire's local BCF plan.

Councils are expected to spend the entirety of the indicative allocation of additional funding by 31 March 2018.

Current analysis illustrated by Appendix A suggests that total spend within the four BCF areas will total £39.706m, an underspend of £0.87m (0.21%).

3. Performance

A performance update is shown in the BCF Quarter 3 Performance report attached at Appendix B. The analysis provides an update on performance measure that the council are required to report both to NHSE and to DCLG as a condition of the Supplementary iBCF. This shows the latest available ratified data, highlights include:

- **Non-Elective Admissions** - A total of 21,446 admissions were made during Q3, 2,870 more than target and a 3.6% increase on the same period last year. The measure has been marked as not achieved for this quarter. The measure is not on track to achieve the target level of non-elective admissions for the year.
- **Residential Admissions** - The number of new admissions to care homes remains low in Quarter 3, and is exceeding the target by 138 admissions – on track to achieve the target for the full year. 18% of the new admissions are brand new clients not previously receiving long term support services; the majority (82%) are for adults transferring from existing long term support services in the community (e.g. from a direct payment or home care).

- **Delayed Days** - There were a total of 7,015 delayed days for patients in Q3, 2,488 fewer than the same period last year. Social Care delays account for 6%, a further fall from the proportion (9%) reported in Q2. The proportion of NHS delays has remained consistent around 77% in Q3, although the proportion of Joint delays has increased to 18%. In terms of delay reasons, overall 63% of delayed days relate to three main reasons:
 - waiting for further non-acute care,
 - residential care
 - care packages in the persons home.

Compared to Q2 the proportion of delays attributable to awaiting further NHS non-acute care has increased from 26% to 29% in Q3. Progress has been made on refining the performance reporting available to leaders by showing delays by provider.

- **Reablement** - This is not currently reported on a quarterly basis – as the annual statutory NHS outcomes measure used, is based on a 3 month window where those discharged from hospital between October and December are checked to see their status 91 days after discharge. The outturn for 16/17 was 75.4% against a target of 80%. Work is now underway to collate and process the data for this year's measure, from the two reablement providers in Lincolnshire – Allied Healthcare and LCHS.

5. Future 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.

Lincolnshire will be looking to be part of this project which aims to improve services and support for individuals by accelerating development of whole-system integration within local systems, by:

- Capturing and spreading applicable approaches from successful areas across the country.
- Developing the strategic relationship between NHS England and key sector bodies working in this area.
- Consolidating existing work across NHS England to create a single organisational perspective, and identify any central activity that can be taken to further enable integration.
- To input findings into the forthcoming Social Care Green Paper.

In addition to this a workshop to develop the approach to designing and delivering integration programmes in future years will take place on 20th March.

The event is intended to bring local BCF and integration leads, colleagues involved in regional assurance together with Better Care Managers, the Better Care Support Team and representatives from national partners to establish the lessons learned from developing and delivering the current joint BCF plans.

The group will also look at opportunities for improving outcomes through closer working and integration and to consider how to best deliver integration of health, care and other services in the future.

6. Conclusion

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

7. Consultation

None Required.

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	BCF Financial Analysis March 2018
Appendix B	2017/18 BCF Performance Report Q3 2017

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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