



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:	25 September 2018
Subject:	Better Care Fund

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 were revised in 2017/18 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 (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

An updated BCF operating guidance was published on 18th July 2018, the purpose of which sets out:

- An updated accountability structure and funding flow diagrams reflecting recent changes to relevant government departments
- Funding conditions which have now reduced from eight to four (as announced last year) those being:
 - i. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the local Health & Wellbeing Board, and by the constituent Local Authority and Clinical Commissioning Groups;
 - ii. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;

- iii. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- iv. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

- Refreshed Metric Plans for 2018-19
- Confirmation of the combined quarterly reporting process for BCF and IBCF funds
- Updated support, intervention and escalation processes.

A copy of the guidance is included in Appendix A

The guidance provides a brief update on the Graduation process suggesting that shortlisted areas for Graduation will be confirmed in 2018-19. In addition to the changes described above the guidance also give BCF systems the opportunity to revise existing plans and confirm any changes to regional Better Care Support Teams (BCST)

The Lincolnshire BCF has recently been reviewed which will result in minor changes to BCF expenditure plans which are as follows.

- The consolidation of a number of similar schemes into a single total
- A change to a scheme funded via Protection of Adult Care BCF funding which will now be used for an alternative purpose but which still meets the scheme requirements as set out in the original allocation.
- Changes as a result of updated inflation parameters
- Changes to some "aligned" schemes as a result of changes in the amount invested. This includes the removal of values as a result of double counting as mentioned in previous reports.

The changes described above will result in the overall value of Lincolnshire's BCF planning total to change to £232.123m.

These have been agreed in principle by the Lincolnshire Joint Executive Team (JET), and a letter issued to BCST confirming the changes ahead of 24th August 2018 deadline (Appendix B). Guidance allows formal confirmation to be given retrospectively and once formally approved by JET approval will be sought through the Lincolnshire Health and Wellbeing Board at the earliest opportunity.

3. Finance

The finance update is shown as Appendix C which describes the current outturn position against the current budgeted BCF for 2018/19 (£230m) 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 BCF as a whole - £183.027m

Current analysis as at 31 July 2018 and illustrated by Appendix C suggests that total spend against the BCF will total £233.108m this financial year. This represents an overspend of £3.460m (1.51%) against the total allocation of £229.648m.

Spending against the first four principle funding areas of the BCF is projected to balance against their respective allocations (£46.621m).

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

- Learning Disability S75 Agreement is projected to produce an overspend of £2.278m against a budget of £72.607m. This has been reported to the LD Joint Delivery Board.
- Integrated Community Equipment Services (ICES) S75 Agreement is also projected to produce an overspend of £1.182m against a budget of £5.800m. This has been reported to the ICES Strategic Partnership Board.

In both cases any projected overspend will be dealt with via existing risk arrangements detailed in both of the relevant S75 agreements.

4. Performance

An expanded BCF performance report for Quarter 1 2018/19 is shown as Appendix D. Highlights from the latest available ratified data include:

- **Non-Elective Admissions** – A total of 20,197 admissions were made during the quarter, which is an average of 6,732 per month – this is a lower average than last year at 6,993. It is also lower than the same period in 2017/18 when the total was 21,032.
- **Residential Admissions** – Permanent Residential admissions for older people Quarter 1 have continued the trend of last year in remaining lower than expected, with 125 placements being made in the quarter.
- **Delayed Days** – The Quarter 1 total of 6,117 delayed days exceeded the target of 6,547 by a 6.6% difference. The number of delays is lower (1,329 days) compared to the same period in 17/18. The proportion of social care delays has increased from 9% in Q4 17/18 to 13% however the proportion of NHS delays has fallen from 72% to 68% in Q1 while proportion of joint delays has remained fairly consistent at 19%. From April 18 to June 18 there has been a 3.2 decrease on the average number of delays per day.

The average delayed beds per day was 64.7 at the end of Q1, the expected target for Lincolnshire has been set at 58.7 to be achieved by September 2018. This will require further reductions in delayed bed days over July, August and September.

- **Reablement** - This measure is based on a 3 month window where older people discharged from hospital between October and December, are checked to see their status 91 days later. The confirmed performance for the most recent window in 2017/18 was 80.0% against a target of 80.5% for the BCF. This in an

improvement on 16/17 where the outturn was 75.4%. This has been assisted by improved volume and outcomes performance of the reablement providers in Lincolnshire. Although we will not be able to report this 91 day indicator on a quarterly basis, we will reablement activity and performance to provide assurance for this key area.

- **iBCF and Local Measures** - A number of local data measures have been added to the performance report for the BCF. The aim is to give a more thorough and granular picture of performance and activity funded by the BCF in Lincolnshire through the various schemes and projects. The report is not yet complete, but data development activity will be ongoing throughout the year to expand the suite of measures with robust and timely data.

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	BCF Operating Guidance - July 2018
Appendix B	Lincolnshire Letter to BCST – August 2018
Appendix C	BCF Finance Report 2018-19 - August 2018
Appendix D	BCF Performance Report – Q1 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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