

Item No. 12.	Classification: Open	Date: 26 June 2019	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund – update on 2018/19 delivery and 2019/20 planning	
Ward(s) or groups affected:		All	
From:		Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	

RECOMMENDATION

1. That the Health and Wellbeing Board:
 - a. Note the impact of the delayed publication of national planning requirements for the Better Care Fund for 2019/20 (see paragraph 8 - 11)
 - b. Consider the options to enable the Health and Wellbeing Board to formally agree the submission of the Better Care Fund plan (see paragraph 12 -14)
 - c. Note the potential changes to the Better Care Fund for 2020/21 (paragraph 15)
 - d. Note the performance on key BCF targets during 2018/19 (paragraph 16)

BACKGROUND INFORMATION

2. The Better Care Fund (BCF) was first established in 2015/16 as a national policy initiative to drive forward the integration of health and social care services by requiring local councils and CCGs to agree a pooled budget and an associated BCF plan. It is a requirement that the Health and Wellbeing Board agree the plan.
3. The purpose of this report is to update the board on issues relating to the 2019/20 BCF plan, which has been delayed because the national planning guidance originally due in Autumn 2018 has not yet been published.

KEY ISSUES FOR CONSIDERATION

The 2017/19 BCF Plan

4. The Health and Wellbeing Board agreed the current Integration and Better Care Fund Plan on 11 Sept 2017 and this plan passed through the national assurance process in October 2017. The funding profile for the two-year BCF for 2017/19 was as follows:

BCF funding 2017/19	2017/18 Gross Contribution	2018/19 Gross Contribution
Total CCG Contribution ¹	£21,049,603	£21,449,545
Council iBCF contribution ²	£9,129,473	£12,584,184
Council non-iBCF contribution ³	£1,263,268	£1,377,165
Total BCF pooled budget	£31,442,343	£35,410,895

Note (1) The CCG contribution is set at the minimum level required under BCF rules

Note (2) The Improved Better Care Fund is set at the level in the grant determination provided to the council

Note (3) The Council non-iBCF contribution is set at the minimum level which is the Disabled Facilities Grant as determined by DCLG. This is ring-fenced for the provision of disabled facilities grants for householders.

5. The BCF funding has been applied to the following key themes:

Theme	Services included	2018/19 Value
Theme 1: Hospital Discharge – I get the support I need to leave hospital and settle back at home	Hospital discharge teams, including weekend discharge team, reablement, intermediate care	£5,501,963
Theme 2: Admissions avoidance - I get support that reduces the need to be in hospital	Community Health Enhanced Rapid Response and @home services, enhanced out of hours primary care services, self-management, social prescribing	£5,062,500
Theme 3: Community support and maintenance - I am helped to live in my community	Home care services, dementia support, end of life care, disabled facilities grant	£3,614,247
Theme 4: Prevention: I can access resources in the community that help me and my carers	Voluntary sector services, carers services, telecare, equipment	£3,105,000
Theme 5: Mental Health and Learning Disability – I get the support I need to leave hospital and settle back at home	Range of community mental health services including reablement, and the funding of personal budgets	£2,156,632
Protecting social care services – system sustainability	Direct funding to protect social care budgets, Care Act costs etc	£3,010,610
Service Development and change Management	Funding for Partnership Commissioning Team and related initiatives	£344,816
Grand total core BCF		£22,826,710

Improved Better Care Fund - all theme 3	2018/19
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Home care	£9,959,850
Nursing home care	£2,374,334
Transformation fund	£250,000
Total iBCF	£12,584,184
Grand Total BCF (core BCF and iBCF)	£35,410,895

6. As reported to the board in November 2018, the BCF Planning Group (a senior officer sub-group of the Health and Social Care Partnership Board) reviewed the range of services funded to inform decisions on any changes for 2018/19. The overall conclusion of this process was that the existing investments were in the right areas and delivering key services, and the BCF plan was rolled forward into 2018/19 with relatively minor changes. However, it was recognised that the broader challenge for the system was to ensure these services are well integrated to form a coherent whole, in line with Southwark Community Based Care and the Bridges to Health and Wellbeing approach to commissioning.
7. The BCF themes/services have been delivered in line with the plan during 2018/19.

The Better Care Fund framework for 2019/20

8. The national policy framework governing the BCF was originally due to be replaced from 2019/20 and it was indicated that planning guidance on the new arrangements would be issued in Autumn 2018.
9. In fact, the release of BCF planning guidance has been delayed without formal explanation and had still not been issued at the time of writing this report.
10. The government issued a BCF policy framework document in April 2019 which indicates that the existing broad approach to the BCF will be carried forward for an additional year, and that detailed planning requirements would be issued by NHSE. Although this provided assurance that no major changes are expected, the absence of the detailed guidance has created planning challenges for local systems.
11. Given the delay, the BCF Planning Group has agreed in principle to roll forward the 2018/19 plan into 2019/20 to provide stability for BCF funded services. This is in line with wider 2019/20 budget assumptions of the council and CCG. The group have also been developing plans for new funding arising from confirmed growth in the iBCF grant (increased by £3.16m) and a new winter pressures grant (£1.57m) to the council which is to be pooled into the BCF. Growth in the Disabled Facilities Grant, which is part of the BCF has also been confirmed at 8%. Assumptions have been made about the level of the CCG contribution being increased by inflation. This needs to be confirmed in the published guidance. Final BCF plans will be presented to the board for agreement.

Proposed approach to obtaining Health and Wellbeing Board agreement to the 2019/20 BCF plan

12. It is expected to remain a requirement that the Better Care Fund Plan is agreed by the Health and Wellbeing Board (as well as the Council and the CCG) prior to submission to the national assurance process.

13. It is possible that when the guidance is finally issued there will be a quick turnaround for local areas to produce a plan and obtain Health and Wellbeing Board agreement to it. Given our experience last time, there is unlikely to be a suitable scheduled board meeting to meet the requirements of the timetable.
14. There are two main options for managing this governance requirement which the board is asked to consider;
 - a) Option (a): hold an extraordinary board meeting to discuss and sign off the plan shortly before the submission date. This was the approach in 2017.
 - b) Option (b): the board agree to the chair signing off the plan on behalf of the board under delegated authority, after the CCG and council have agreed the plan. The draft plan would be circulated in advance to board members and tabled at the next scheduled meeting.

The Better Care Fund framework in 2020/21

15. There is currently an internal government review of the Better Care Fund that will lead to proposed changes in the arrangements, possibly replacing the BCF in its entirety. This will be informed by the delayed Green Paper on social care, the comprehensive spending review and the vision for integrated care system as set out in the NHS Long Term Plan. It is hoped that details of these arrangements will be made with sufficient time to incorporate into 2020/21 budget planning across health and social care.

Delivery on key BCF targets 2018/19

16. Close monitoring of the BCF is undertaken through national quarterly monitoring returns and internal monitoring which is overseen by the Health and Social Care Partnership Board on behalf of the Health and Wellbeing Board. There are 4 key targets associated with the BCF discussed below:
17. **Delayed transfers of care:** The BCF funds a range of services that promote safe and timely discharge from hospital. During 2017/18 and the first 6 months of 2018/19 the rates of delayed transfers of care were an area of good performance for Southwark, consistently within target and comparing well other London boroughs. In particular, the delays attributable to social services were very low compared to target.

Days delayed	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
BCF Target	434	449	434	449	449	434	449	434	449	449	405	449	434
New NHSE target						333	344	333	344	344	311	344	333
Actual	310	367	279	341	283	369	403	525	410	571	737	766	577

18. However, since November rates of delayed transfer have grown and exceeded both the original BCF target and a subsequent NHSE target that sought further reductions (see table above). Performance on this measure is subject to close monitoring. An analysis of the reasons for the growth in delays has been undertaken informing an action plan to address the growth and restore good performance. A range of key issues have been identified including:

- An increase in delays in mental health settings linked to delays in obtaining appropriate supported housing or residential care for complex cases.
 - Data quality: it has been found that some patients were incorrectly classified as delayed transfers of care.
 - Patient choice delays have been a factor in Southwark delays compared to others similar boroughs.
 - Housing delays have also been high in comparison to similar authorities. Some of these cases have been associated with complex cases with homeless patients with no recourse to public funds.
 - Residential Care and Nursing Care delays have increased to higher levels as local capacity has been insufficient.
 - The above growth includes delays attributed to social care, which as a result has increased from previous very low levels.
19. It should be noted that whilst over target, the level of performance has not reached the threshold for NHSE to formally raise the issue with Southwark.
20. **Non-elective admissions:** The target for non-elective admissions to hospital was being exceeded by 7.4% in the latest data in 2018/19. The growth in this activity is a considerable concern, particularly as the need levels and average costs of admissions is also increasing. There is a corresponding level of pressure arising from A&E attendance rates. This measure is seen as a whole system target which cannot be attributed directly to BCF services, although the BCF does fund a range of services that assist in preventing admission. Services such as primary care are also vital in reducing admissions. Demographic pressures are also an underlying factor.
21. **Admissions to care homes:** A key objective of BCF funded services is to support people to live safely and independently in their own home, and there are a range of investments in home care and other community support services to help deliver that outcomes. Year end data indicates that there were 169 Admissions to care homes against a target of 124, an increase on previous years. This growth is subject to close monitoring and is a consideration in the development of intermediate care provision funded by the BCF. Demographic pressures including growth in the numbers of older people with dementia is also a key factor. The target was based on a 2015/16 baseline that is now considered to be not comparable, and the target will be reviewed in the next BCF to ensure an appropriate level of challenge.
22. **Reablement:** The BCF funds reablement services that aim to restore people's independence. Latest quarterly figures show that 129 out of 150 (86%) people discharged from hospital with a reablement service during Q3 were still at home in 91 days without having been readmitted to hospital or a care home. This is slightly below the target of 88%. In 2017/18 outturn was also 86% which was in line with benchmark performance.

Policy Implications

23. The document "2019-20 Better Care Fund: Policy Framework" published by the Department of Health and Department of Communities and Local Government on 11 April 2017 sets out the purpose of the BCF in terms of driving forward the national integration agenda. The BCF plan reflects local policy on integration as set out in the Southwark Five Year Forward View and is consistent with the national framework.

Community Impact Statement

24. The BCF plan protects current services funded through the core BCF which provide essential support for people with health and social care needs. This has benefit to all people with protected characteristics, particularly services provided for older people, and people with disabilities and mental health problems. The BCF also funds a range of voluntary sector services promoting community resilience. The iBCF funding is also used to protect current levels of home care and nursing care funded through the council general fund but for which current budgets are insufficient to meet current activity levels.
25. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage since April 2018. This workforce has a high proportion of women and those from the black and minority ethnic communities.

SUPPLEMENTARY ADVICE FROM OFFICERS

Southwark Council

Strategic Director of Finance and Governance

26. The Strategic Director of Finance and Governance notes the contents of this report and in particular the delay to the national planning guidance and knock-on effect this will have on our own planning and governance cycles. Additionally, there has been no confirmation that the BCF will continue into future years and we are still awaiting the social care green paper. Looking to 2020-21 and beyond, the continued funding of integration between health and social care is just one of an array of uncertainties for local government. These include; the Comprehensive Spending Review which determines the total funding for local government nationally, the Fair Funding Review which will change the proportion of the overall funding that individual authorities receive, the potential loss of New Homes Bonus and the Business Rates reset. Growth in locally retained business rates alone accounts for over £26m annually and any significant reduction to this amount will be extremely damaging for council services. BCF and iBCF resources account for over 25% of the gross Adult Social Care budget in 2019-20. As we plan for the future we require greater certainty from central government around available resources in 2020-21 and continued close working at a local level to protect essential services.

NHS Southwark CCG

Director of Finance

27. The NHS funding guidance for planning 19-20, issued in January required CCGs to set aside a 2% inflationary uplift for BCF. This was approved in Board budget papers in March and May.
28. Any further addition above this level would be a cost pressure which has not been specifically funded to CCGs this year.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Better Care Fund documentation	160 Tooley Street SE1 2QH	Adrian Ward Programme Manager Partnership Commissioning Team, Southwark Council and CCG 020 7525 3345

AUDIT TRAIL

Lead Officers	Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	
Report Author	Adrian Ward, Partnership Commissioning Team	
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Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	Yes	Yes
Cabinet Member	No	No
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