

Health and Adult Social Care Select Committee

22 June 2018

improved Better Care Fund (iBCF) update

Report by Executive Director Childrens Adults Families Health and Education and Director of Adult Social Services

Summary

iBCF funding was announced in the Spring budget of 2017 in recognition of the increasing financial pressures that local authorities are facing. It was determined by Government that it should be used to support them in meeting adult social care needs, reducing pressure on the NHS and to support the social care market.

The focus for scrutiny

In July 2017, the Health and Adult Social Care Select Committee (HASC) reviewed outline plans for the use of iBCF monies in 2017/18. Members were informed that the Government had announced that the iBCF was intended, in part to support local authorities to meet adult social care needs; reduce pressure on the NHS, including supporting more people to be discharged from hospital when they are ready; and support the local social care provider market. Members are asked to take this into consideration when reviewing how the iBCF has been spent in the 2017/18 financial year and whether the outputs and outcomes which have been delivered through the use of iBCF to date have achieved the intended use for the funding as set out in the grant conditions.

Recommendations

The Health and Adult Social Care Select Committee is asked to:

- i. Review how the iBCF has been spent in the financial year 2017/18 and whether the outcomes achieved meet the intended use of the funding as set out in the grant conditions;
- ii. Agree that the Committee should review iBCF investment for the financial year 2018/19 in terms of outcomes achieved, scheme suitability and priority at a future meeting.

1. Background and Context

- 1.1 The iBCF has been provided to local authorities in recognition of the pressures on adult social care caused by demographic growth, people living longer with more complex needs and therefore needing greater support and the impact of cost pressures on providers, particularly the national living wage.

- 1.2 The iBCF is paid to local authorities who must;
 - Pool the grant funding into the local Better Care Fund (BCF). This means that iBCF will come within the Section 75 agreement that governs the arrangements of spend of BCF,
 - Work with relevant clinical commissioning groups (CCGs) and providers to meet the Integration and Better Care Fund National Condition 4 (Managing Transfers of Care), and
 - Provide quarterly reports.
- 1.3 The iBCF has to be spent on adult social care and can only be used to;
 - Meet adult social care needs,
 - Reduce pressures on the NHS, including supporting more people to be discharged from hospital when ready, as set out in the BCF National Condition 4 (Managing Transfers of Care), and
 - Make sure the local social care provider market is supported
- 1.4 The iBCF should not be seen as a separate funding stream but as part of the overall funding, including the Council's adults' social care budget and Better Care Fund, available to meet adult social care needs, reduce NHS pressures and support the local care market.
- 1.5 The threat from Department for Communities and Local Government (DCLG) and Department of Health, that iBCF funding remained under the risk of national Government direction and financial sanctions, if national expectations on reducing Delayed Transfers of Care (DToC) set in July were not on track, has created uncertainty. It has meant that planning had to be more conservative, as any retrospective reduction or redirection of iBCF funding would have had an impact on the investments the Council was making. The Council was only advised in October 2017, that due to our performance, this threat had been removed.

2. Proposal

- 2.1 A plan for the allocation of iBCF in 2017/18 and 2018/19 was agreed and set out in the BCF 2017-19 section 75 agreement between the Council and West Sussex CCGs, to meet three outcomes, as set out in the grant award letter, which are:
 - To meet adult social care needs,
 - To reduce pressure on the NHS, and
 - To ensure the local social care provider market is supported
- 2.2 Although the iBCF funding provided a welcome increase in resources, it was inevitable that large parts of it would need to be used to meet the cost of existing pressures rather than creating a source of investment in new initiatives. In that respect any assessment of the effectiveness of the iBCF cannot be divorced from the Council's wider challenge in funding adult social care, which means that the measure of its success is partly about what it has helped sustain. Key areas of iBCF spend in 2017/18 are set out below.

Outcome 1: Meeting adult social care needs

- 2.3 The Council continues to face demand pressures on its budgets, due to increasing complexity across all customer groups and an ageing population.

By early in last financial year this was leading to a forecast overspend in the portfolio, which required corrective action.

- 2.4 Therefore a sum of £1.600m of iBCF funding was initially allocated to make sure that the Council could continue to fulfil its statutory Care Act duties, including funding rates of increase in the cost of care packages of up to 3% more than inflation. This figure rose to £1.857m by 2017/18 year end due to the increasing demand pressure on adult social care budgets, particularly seen in the cost of services for people with a learning disability.
- 2.5 Whilst this did not allow anything additional to take place, it did enable the Council to continue to meet assessed eligible needs and averted the need for compensating reductions to be made elsewhere in the budget to mitigate the risk of overspending. It also contributed towards the Council's decision to manage a pressure of £0.5m as a result of delays in receipt of savings as a corporate item. Consequently the availability of the iBCF also helped secure that wider benefit for the system.

Outcome 2: Reducing pressure on the NHS

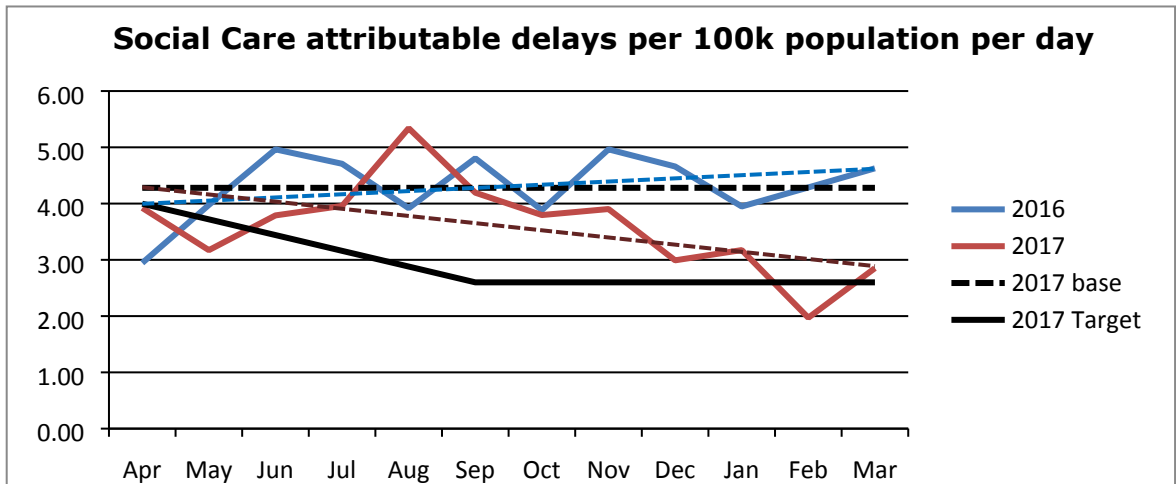
- 2.6 West Sussex acute and community health systems have faced what is being suggested as the worst winter pressures seen for many years, with increases in the number of people presenting to acute hospitals and requiring community-based health care.
- 2.7 The Council has been working with CCGs and acute and community health services across West Sussex to improve the flow of patients through hospital in a timely way. For the Council, a key contribution to supporting the system flow more efficiently, and to reduce pressures on NHS services, is to reduce (DToC) attributable to West Sussex social care.
- 2.8 In July 2017, a nationally set target for a reduction in delayed days attributable to West Sussex County Council social care to 2.60 delayed days per 100,000 population was set (from a baseline, as at February 2017, of 4.28 delayed days per 100,000 population). This was a very stretching target, as not only did it not take into account the particular issues facing large shire counties, it was based on a simple 50:50 split of a previously agreed NHS only 3.5% reduction target in DToC despite, at the time, only 27% of DToC being attributable to social care.
- 2.9 The Council has therefore spent, as summarised below, iBCF funding on social care services to reduce the number of DToC that are attributable to West Sussex social care and thereby support more social care customers to be discharged from hospital in a timely way.
- 2.10 The iBCF has been used to replace withdrawn CCG winter pressure funding for staff in hospital discharge teams that helped the Council to continue to meet its Care Act duty of assessing people within 48 hours of a notice of discharge from the NHS. In total around 8,800 referrals for assessment were received by social care from acute hospitals in 2017/18.
- 2.11 The Council introduced 50 discharge to assess (D2A) Beds across the county in 2017/18, using iBCF funding, to make sure that no one had to make a

decision whilst in crisis or in a hospital bed. The Council also funded 34 winter pressure beds across the county to support people being discharged from hospital in a timely manner.

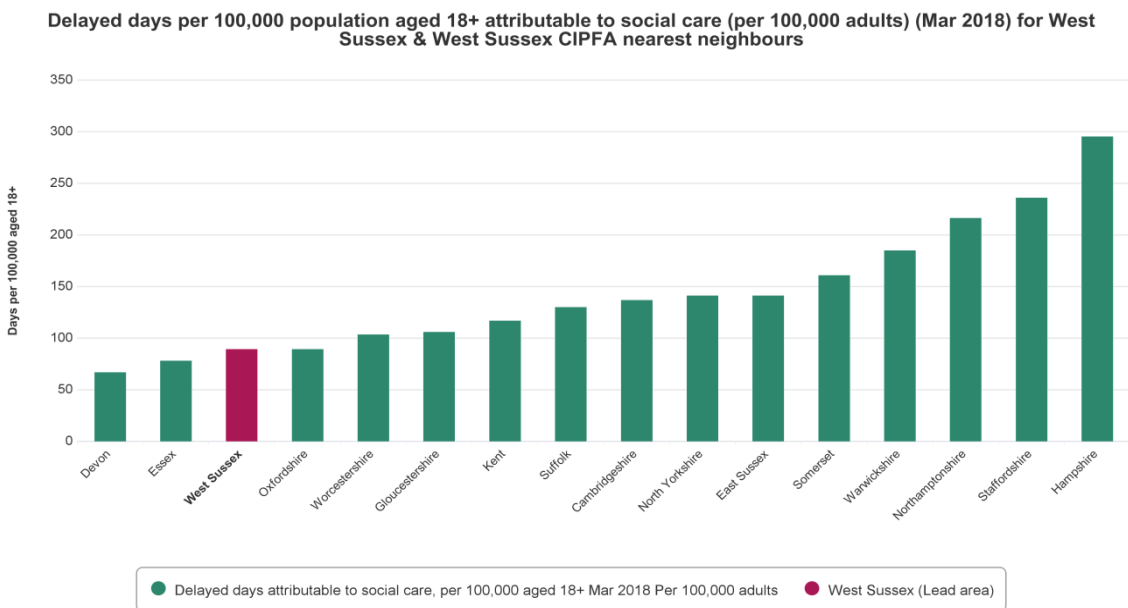
- 2.12 The iBCF funding has been used to 'pump prime' new domiciliary care rounds across the county that has led to an estimated 5,300 extra hours of domiciliary care. This additional care, supporting timely discharge from hospital, was focussed on areas where previously capacity had not been available.
- 2.13 Although not all posts have been filled due to recruitment difficulties, funding was set aside to recruit additional occupational therapy staff to provide therapeutic interventions to customers leaving hospital with domiciliary care, extra care housing support and reablement bed services. Where possible, locums have been utilised alongside staff that have been recruited, to support hospital discharge and to enable people to receive support to retain or regain skills to keep them independent in their own homes and not have to return to hospital or need further health and social care services.
- 2.14 Over 4,400 hours of additional staff time in Sussex Community Foundation NHS Trust (SCFT) has been funded to release core SCFT staff capacity that was supporting social care customers who didn't have a package of care. The Council has also used iBCF funding to support the on-going CCG commissioning of the SCFT Intermediate Care Team following a decision by SCFT to stop the service due to budgetary pressures.
- 2.15 As part of on-going negotiations with a primary contracted provider, additional beds for people with dementia will be developed. Whilst the conclusion of these discussions has been delayed as negotiations with the contracted provider are concluded, funding has been committed in 2018/19 to support any costs of the additional dementia bed capacity required.
- 2.16 The iBCF funding has also been committed, but not yet spent, to support plans for a joint health and social care Technology Enabled Lives service that it is anticipated will be secured during late 2018. Not only will technology support people in their own home when they are discharged from hospital, but it will also, through the innovation and development of technologies to gather predictive data, enable the delivery of more informed proactive support to prevent people needing more intensive health and social care services.
- 2.17 The iBCF funding has also been used, or committed to be used, on:
 - Supporting the continuation of a shared lives scheme for people with dementia,
 - Managing the demand on the Council's care point service by improving the timeliness of assessments so that people are receiving the right service to remain independent and not require further, more intensive, health or social care services,
 - Providing an in-year inflationary uplift on carers services core funded by BCF although no uplifts had been received for two years, to continue services that prevent carer breakdown,
 - Support people with life long conditions through funding increased capacity to support reviews of people with learning disabilities, and

- Support the development of a joint health and social care commissioning approach to ensure consistent market management.

2.18 The use of iBCF on the schemes highlighted above has meant that as at the end of March 2018, there were 2.85 delayed days per 100,000 population per day (total 604 days) attributable to the Council, a major reduction from our baseline (February 2017) of 4.28 delayed days per 100,000 population.



2.19 As at March 2018, the Council is within the top quartile for social care delayed days against its CIPFA ranked neighbours.



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Outcome 3: Ensuring the local social care provider market is supported

2.20 The adult social care market remains in a fragile state, with demand for care rising. Independent providers also offer care services to people who pay for their own care and this impacts on the availability of care that can be purchased by the Council. In addition, under the Care Act 2014, the Council has a duty to ensure sustainability of the broader care market.

- 2.21 The Council faces increasing budget pressures to meet the rising costs of supplying public funded care. For example, in the last two years (March 2016 - March 2018) average weekly placement costs for older people's residential care have risen by over 12% and average non-residential packages by over 8%. The iBCF has been used, alongside core funding, to manage that cost pressure without wider detriment to the portfolio
- 2.22 The iBCF has paid for permanent additional uplifts and resources for extra care housing support providers. This has enabled the Council to maintain a commissioned extra care service in at least two schemes and ensured that approximately 65 vulnerable residents in those schemes are able to sustain independent living. Had this service ceased, some of these residents would no doubt have had to move to residential or nursing care.
- 2.23 In 2017 the Government, following an earlier court ruling, determined that people who had worked 'sleep-in' shifts should be paid at national living wage per hour rather than a flat payment as was usually the case. The iBCF funding, to maintain a safe range of service availability for learning disability customers, has been used to meet a number of reasonable and justified increases from provider organisations due to this. In view of the impact this is still likely to have on providers, for example Mencap, who provide sleep in care, the Council has set aside further iBCF funding as a contingency to meet the implications of that ruling.
- 2.24 Workforce in the care market has always been an issue in West Sussex, with many providers informing the Council that they are often not able to meet the requests of Adult Services due to difficulties in recruiting staff. During 2017-18, iBCF funding was used to support four workforce recruitment campaigns in Crawley, Selsey, Horsham and East Grinstead. Eleven people were appointed to care worker posts due to these workforce campaigns. As part of a review of the work to date through these campaigns, the people who have been recruited will be contacted so that we can learn for their experiences to date.
- 2.25 The iBCF funding was also committed to develop a dedicated support team to analyse workforce demand and plan activities, with care providers, to increase the available care workforce in West Sussex. In addition the team will work, as identified through the recent peer review, with market providers to look at learning and development opportunities to support the training of their staff.
- 2.26 The iBCF has also been used to establish a fragility reserve to meet the Council's Care Act duty for broader market management and reduce the risk of failure in the market. In particular this funding has supported;
- Providers to sustain their provision, with up to 12 person-centred accommodation-based placements for people with learning disabilities sustained through the iBCF funding,
 - The Council to fund providers to sustain their provision or to fund additional costs where existing providers have failed, particularly in the care and support at home market, where iBCF funding has meant some 400 adult social care customers have had the risk of needing to move provision mitigated, and

- The Council to meet the costs of customers who have been assessed as no longer meeting the criteria for continuing healthcare and have therefore become customers to be funded through adult services. Costs of £0.35m have passed to the Council as a result of this in 2017/18, for which no budget provision otherwise existed.

3. Resources

- 3.1 The iBCF financial summary for 2017/18 and the iBCF 2018/19 plan are summarised below. A more detailed breakdown can be found in Appendix 1.

	2017/18 Planned ('000s)	2017/18 actual / committed ('000s)	2018/19 Planned ('000s)
Meeting adult social care needs	£1,400	£1,857	£2,800
Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready	£5,858	£5,033	£6,620
Ensuring that the local social care provider market is supported	£4,100	£3,134	£5,010
Total	£11,358	£10,024	£14,430

- 3.2 The expenditure figure for 2017/18 includes actual spending incurred together with commitments that have formally been made but which have not yet been fulfilled because of timing reasons. This has created an uncommitted balance of £1.334m that will be rolled over into 2018/19.
- 3.3 It would have been in line with the grant conditions for the Council to have chosen to use this uncommitted balance to meet the £0.5m overspend in the 2017/18 Adult Social Care and Health budget and/or to contribute towards some of the transformational expenditure in the service which has been funded corporately. That option was not taken and instead a decision was made to carry it forward in expectation of the system benefits that using it to fund one-off additional adult social care expenditure in 2018/19 should help achieve.

Factors taken into account

4. Issues for consideration by the Select Committee

- 4.1 In July 2017, the HASC reviewed outline plans for the use of iBCF monies in 2017/18. Members were informed that the Government had announced that the iBCF was intended to support local authorities to meet adult social care needs; reduce pressure on the NHS, including supporting more people to be

discharge from hospital when they are ready; and to ensure that the local social care provider market could be supported. Members are asked to take this into consideration when reviewing how the iBCF has been spent in the 2017/18 financial year and whether the outputs and outcomes which have been delivered through the use of iBCF to date have achieved the intended use for the funding as set out in the grant conditions.

5. Consultation

- 5.1 The iBCF spending plan for 2017/18 and 2018/19 has been shared with the Joint Strategic Commissioning Group, made up of health and social care commissioners, in addition to NHS Accident and Emergency Boards, made up of health and social care providers.
- 5.2 Quarterly DCLG iBCF progress reports have been shared with CCG leads.
- 5.3 Individual schemes funded by iBCF will have consulted with stakeholders engaged with those schemes as appropriate and required.

6. Risk Management Implications

- 6.1 The biggest risk for the iBCF funding was the threat by the DCLG and Department Of Health and Social Care intervening and setting national Government direction and/or financial sanctions if DToC targets set in July 2017 were not delivered. To mitigate this, funding was targeted at schemes that would reduce pressures on the NHS, and in October 2017, Government confirmed that at this stage West Sussex would not face either of these interventions.
- 6.2 Due to the risk of the CCGs financial position, there is a possibility that the CCGs may want to withdraw BCF funding. Any withdrawal of BCF funding will have a negative impact on the Council's adult social care spend in 2018/19.
- 6.3 Individual schemes funded by the iBCF will have individual scheme risks that would be monitored by the scheme lead.

7. Other Options Considered

- 7.1 The grant determination letter outlined what was required from the additional iBCF funding. In particular there was a need to support the reduction of pressure on the NHS and the allocation of the iBCF was set with consideration of this. In addition, the iBCF was used, alongside core funding, to ensure that adult social care needs could be met and to ensure that the local social care provider market was supported.

8. Equality Duty

- 8.1 This report only summarises the allocation of the iBCF and the outputs and outcomes that have been delivered through the range of schemes that the iBCF has been used for in 2017/18. Scheme leads, where required, should have considered the impact of their schemes on customers with protected characteristics. These individual scheme considerations are not covered in

this report, as this report deals only with the internal management of the iBCF. As such an Equality Duty Assessment for this report is not required.

9. Social Value, Crime and Disorder Implications and Human Rights Implications

- 9.1 This report only summarises the allocation of the iBCF and the outputs and outcomes that have been delivered through the range of schemes and the budgetary support that the iBCF has been used for in 2017/18. Individual schemes may have social value, crime and disorder and Human Rights that have been identified by scheme leads, but as this report only summarises how the iBCF has been used in 2017/18, these are not reported here.

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Appendices

Appendix 1 - iBCF financial summary for 2017/18 and 2018/19 plan

Appendix 1 - iBCF summary for 2017/18 and 2018/19 plan

	2017/18		2018/19
	Plan £000	Actual / committed £000	Plan £000
Meeting adult social care needs			
Sustainability of adult social care commissioned services	£1,400	£1,857	£2,800
Total	£1,400	£1,857	£2,800
Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready			
System resilience (maintaining hospital social work teams)	£800	£822	£800
Extension of existing discharge to assess bed arrangements	£1,000	£1,125	£1,100
Winter pressure beds	£410	£411	£420
Development of additional domiciliary care capacity	£200	£268	£200
Investment in OT support for reablement services	£400	£97	£400
Support for people awaiting transfer from community health services	£500	£137	£500
Support for people with dementia	£200	£523	£200
Prevention / Admission Avoidance	£1,590	£1,550	£2,100
Support to implement HICM	£200	£15	£300
Support for people with life long conditions	£600	£85	£600
Total	£5,900	£5,033	£6,620
Ensuring that the local social care provider market is supported			
Permanent additional uplifts and resources for social care providers	£2,900	£1,973	£3,810
Workforce development	£258	£16	£300
Joint Commissioning / Demand and capacity plan	£400	£591	£400
Fragility reserve to manage risk of market failure	£500	£554	£500
Total	£4,058	£3,134	£5,010
TOTAL	£11,358	£10,024	£14,430