

## **Health and Adult Social Care Select Committee**

**12 June 2019**

### **improved Better Care Fund (iBCF) update**

#### **Report by Executive Director Peoples Services and Director of Adults' Services**

##### **Summary**

iBCF funding has been provided by Government since 2017/18 to support local authorities to meet adult social care needs, reduce pressure on the NHS and support the social care market, in recognition of the increasing financial pressures being seen in the delivery of adult social care.

HASC were presented with an update on the use of iBCF in 2017/18 in June 2018 and agreed that spend of iBCF had been spent as set out in grant conditions and had achieved the outcomes required. HASC requested that there was a further review of iBCF investment for 2018/19 in terms of outcomes achieved, scheme suitability and priority.

##### **The focus for scrutiny**

The Committee is asked to review whether the use of the iBCF in the financial year 2018/19 has contributed towards delivery of the priority outcomes set out in the grant conditions.

When considering this review, members are asked to take into account that iBCF grant conditions stipulate that iBCF can only be spent on social care services. In addition, grant conditions state that iBCF has to be spent on supporting 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.

## **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. Funding was confirmed for the three years between 2017/18 and 2019/20.
- 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 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 There remains no confirmation from Government about the future of the iBCF after 2019/20. Clarity about this has been expected to be provided through the adult social care green paper but its repeated postponement means that the outlook remains uncertain. This creates a limiting factor for the Council in planning use of the iBCF and effectively gives all spending allocations the status of temporary funding. Given the types of expenditure that Government wishes to have supported, it goes without saying that the risks to the local health and social care system will be significant if the iBCF is not extended beyond 2019/20.

## **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 Clinical Commissioning Groups (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.
- 2.3 Key areas of iBCF spend in 2018/19 are set out below.

### Outcome 1: Meeting adult social care needs

- 2.4 The Council continues to face demand pressures on its budgets, due to demographic pressures as a result of people living longer with long term conditions.
- 2.5 Therefore, a sum of £4,071m of iBCF funding has been used in 2018/19 to enable the Council to continue to fulfil its statutory Care Act duties. Part of this was the result of a decision made during budget

preparation for 2018/19 when the Council agreed to allocate £1.4m specifically to help fund the cost of demand growth. The balance has mitigated an underlying overspend in Learning Disabilities carried forward from 2017/18 (£1.4m) and provided contingency funding (£1.3m) that ensured the 2018/19 adult social care budget was managed within its means.

- 2.6 Whilst none of this funding allowed anything additional to take place, it should be emphasised that this 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.

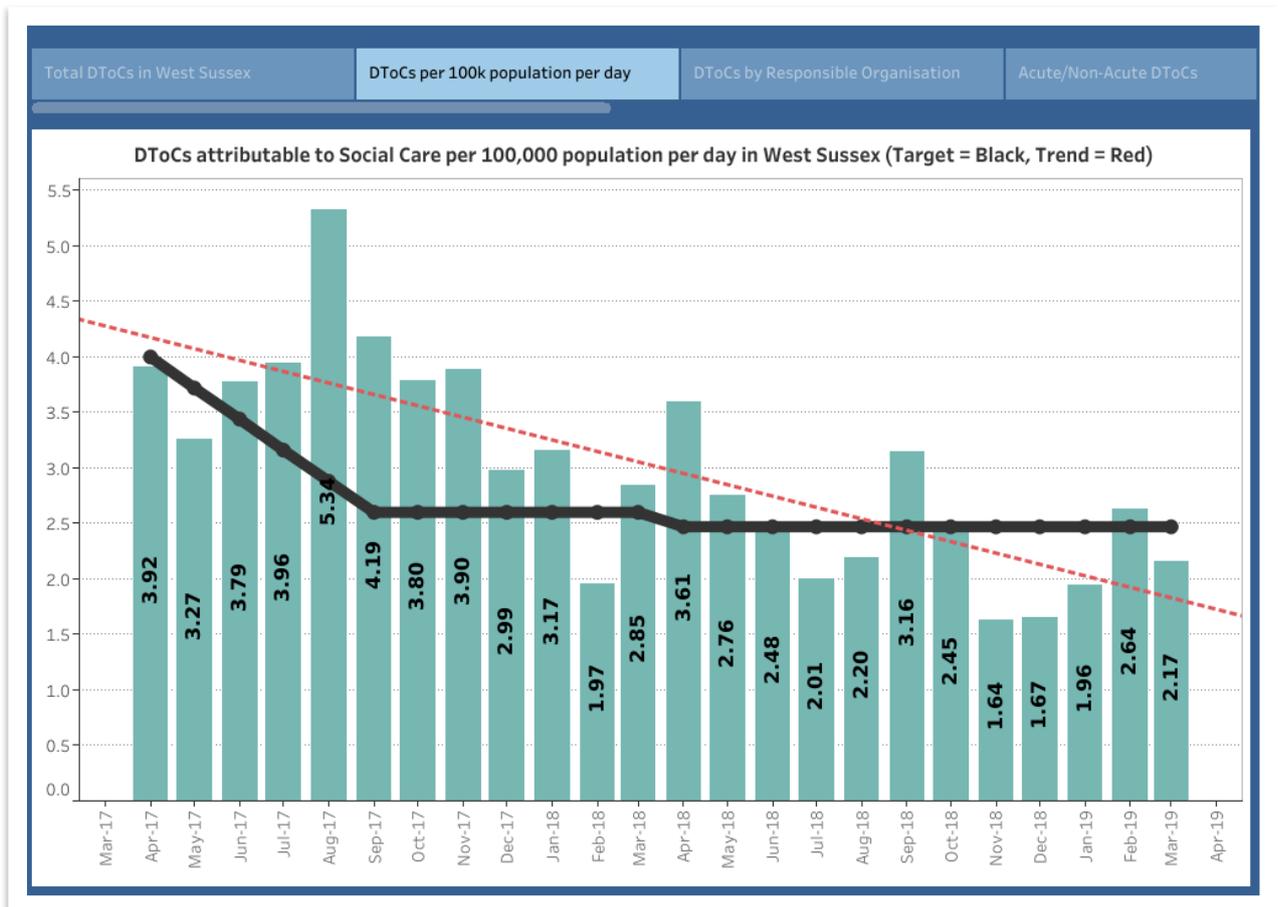
#### Outcome 2: Reducing pressure on the NHS

- 2.7 The local West Sussex acute and community health systems continue to face substantial financial pressures, with increases in the number of people presenting to acute hospitals and requiring community based health care.
- 2.8 The Council continues to work in partnership with CCGs and acute and community health services across West Sussex to improve the flow of patients through hospital in a timely way and thereby reduce pressures on the NHS. In line with the MTFs and the Adult Social Care Vision and Strategy a joint Step Up Step Down programme of work has commenced to introduce Discharge To Assess (D2A) Home First for winter 2019. This is a new service that will enable people, where appropriate to be discharged to their own homes for an assessment rather than being assessed for on-going health and care needs in a hospital bed. This will reduce the length of hospital stay, improve discharges for people and enable people to regain and retain their independence in their own home.
- 2.9 The iBCF has been used to improve the flow of patients through the acute system and reduce pressures in the NHS. In particular the Council has funded services and support, as summarised below, to continue to reduce delayed transfers of care (DTocS). This has meant that more social care customers have been discharged from hospital in a timely way.
- 2.10 The iBCF continues to be used to replace withdrawn CCG winter pressure funding for staff in hospital discharge teams. It also supports 7 day working in hospitals where required and supports the recruitment of permanent staff to East Surrey Hospital where it has traditionally been difficult to recruit. Through this funding the Council is able 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 2018/19.
- 2.11 The Council continues to fund 42 D2A beds across the county using iBCF funding. These beds enable people to be discharged from hospital with an individualised reablement plan to support them with the transition from hospital back to their own home wherever possible. In addition these beds ensure that no one had to make a decision about their on-going care whilst in crisis or in a hospital bed. They also complemented the 25 winter pressure beds across the County that were funded through the Winter Pressures Grant of £3.3m that Government announced in the autumn. This was provided to "manage demand pressures on the NHS between November 2018 and March

2019” and as such was used in part to support people being discharged from hospital in a timely manner during times when there was increased pressure across the health acute system.

- 2.12 Following the success of their use in 2017/18, the iBCF funding has been used again in 2018/19 to ‘pump prime’ new domiciliary care rounds across the County, with the majority focussed on areas where previously capacity had not been available. This has led to an increased estimated 8,300 extra hours of domiciliary care being available to support the reduction of NHS pressures.
- 2.13 iBCF funding has been used to fund additional Occupational Therapy staff to provide therapeutic interventions to customers leaving hospital with domiciliary care, extra care housing support and reablement bed services. This additional capacity has enabled more 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 Supporting carers continues to be an important part of the Council’s strategy as there is clear evidence that supporting carer breakdown not only supports the cared for person to remain in their own home and family environment for longer but also provides system resource benefits, especially to health. iBCF funding has been used to continue to support the increased provision of Carers Support In Hospital and Carers Health Team services and provided inflationary uplifts on carers assessment, advice, information and support services.
- 2.15 The iBCF funding has also been used on:
- Supporting the continuation of a shared lives scheme for people with dementia,
  - Support for the Council’s plans for a joint health and social care Technology Enabled Lives service to be commissioned during 2019,
  - 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,
  - Supporting people with lifelong conditions through funding investment in specialist Learning Disability health services, providing capacity to support reviews of people with learning disabilities and providing support to maintain funding in learning disability contracted services, and
  - Maintaining Public Health funding for assistance in the home that would otherwise have been at risk, because of continuing reductions in the Public Health Grant.
- 2.16 The iBCF supports the reduction of pressures across the NHS by reducing admissions to hospital and reducing the number of people returning to hospital after discharge. In addition iBCF funding has supported the reduction in DToCs attributable to West Sussex social care. From a baseline in February 2017 of 4.28 delayed days per 100,000 population, the Council was set a target of reducing DToCs to 2.47 delayed days per 100,000 population in 2018/19.

2.17 As at the end of March 2019 there were 2.17 delayed days per 100,000 population per day (total 464 days) attributable to the Council and this reflects the overall continuing downward trend in West Sussex attributable DToCs over the last two years. In 2018/19 the Council achieved its lowest ever recorded number of DToCs at 1.64 delayed days per 100,000 population in November and over the 12 months between April 2018 and March 2019 being under target 8 times.



2.18 As well as the success of using iBCF to reduce the numbers of DToC, the services paid for through iBCF are having a really positive impact on residents. For example, as recently highlighted in the Shoreham Herald, the iBCF funded D2A bed service enabled a Shoreham resident to be supported to leave hospital in a timely way and regain her health and wellbeing sufficiently to be able to return home in time for her 99<sup>th</sup> birthday, something her family were not expecting her to be able to do.

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

2.19 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. This continues to weaken the Council’s position in the market, so £1.3m of the iBCF was used to fund the cost of an above inflation increase in fees paid to providers. Resources were also earmarked to manage the risk of market failure, for example in those situations where

residential placements could only be secured by the Council agreeing to pay a rate higher than its usual maximum.

- 2.20 In August 2018, as set out in the overarching framework agreement, the Council re-opened the 2015 Framework for existing and new providers. The iBCF has been used to fund the additional costs of this exercise through providers submitting new prices to ensure they are able to maintain a quality provision. In addition the Council has provided additional uplifts to a number of providers, as set out in the Framework, to ensure the financial sustainability of those providers and enable them to continue to provide services. The Council is reviewing how it procures care and support in the home and is currently engaging with the market as part of new commissioning arrangements that will come into effect from late 2020.
- 2.21 The iBCF continues to support permanent additional uplifts and resources for extra care housing support providers. This enables the Council to maintain commissioned extra care services, supporting vulnerable residents to sustain independent living. Had this service ceased, some of these residents would no doubt have had to move to residential or nursing care.
- 2.22 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.
- 2.23 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. iBCF has been used to fund a Council team set up to support and develop capacity in the external workforce market. During 2018-19 this team has launched the Proud to Care website, advertising job vacancies, an employer hub and a one stop shop of resources for people considering a career in care including some great case studies. Since its launch in February 113 providers have advertised 242 vacant posts. The website has had 6,000 views, however the success in terms of actual recruitment cannot be measured easily as this is an open provider portal where providers manage the advertisement and recruitment themselves. In addition the team have ran 5 recruitment campaigns in communities across West Sussex with providers, visited 28 provider settings to offer bespoke advice and guidance to improve their staff recruitment and retention and produced marketing collateral, resources and a marketing toolkit for providers. This has resulted in some 23 care jobs being secured, and an estimated 20,000 plus hours of additional domiciliary care being delivered.

### **3. Resources**

- 3.1 The iBCF financial summary for 2018/19 is summarised below. A more detailed breakdown can be found in Appendix 1.

	<b>2018/19 Planned (‘000s)</b>	<b>2018/19 actual / committed (‘000s)</b>	<b>Over / (under) spending (‘000s)</b>
Meeting adult social care needs	£4,990	£4,071	-£919
Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready	£5,560	£5,408	-£152
Ensuring that the local social care provider market is supported	£3,880	£3,980	£100
<b>Total</b>	<b>£14,430</b>	<b>£13,459</b>	<b>-£971</b>

- 3.2 The underspending of just under £1m mainly arose because less needed to be applied to manage overspending risks in the 2018/19 adult social care budget than at one time seemed likely. Under the grant conditions, his funding will carry forward into 2019/20 where it will add to the resources which are available to support delivery of the plans outlined in the recently approved Adult Social Care Vision and Strategy:  
[https://westsussex.moderngov.co.uk/documents/s8256/AH18\\_18-19\\_Adult%20Social%20Care%20Vision%20and%20Strategy%20Report.pdfw](https://westsussex.moderngov.co.uk/documents/s8256/AH18_18-19_Adult%20Social%20Care%20Vision%20and%20Strategy%20Report.pdfw)  
Amongst the specific items of expenditure to which it will contribute are the cost of the Adult Social Care Improvement Team and to pump-prime investment in enhanced carer support services where providers are able to demonstrate that this will deliver additional benefits for social care.

## **Factors taken into account**

### **4. Issues for consideration by the Select Committee**

- 4.1 HASC were presented with an update on the use of iBCF in 2017/18 in June 2018 and agreed that spend of iBCF had been spent as set out in grant conditions and had achieved the outcomes required. HASC requested that there was a further review of iBCF investment for 2018/19 in terms of outcomes achieved, scheme suitability and priority.
- 4.2 When considering this review, members are asked to take into account that iBCF grant conditions stipulate that iBCF can only be spent on social care services. In addition grant conditions state that iBCF has to be spent on supporting 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.

### **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. It is part of the Improved Better Care

Fund Section 75 agreed by the Council and the Clinical Commissioning Groups in West Sussex.

- 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 lack of certainty over the future of the iBCF beyond 2019/20 means that it needs to be treated as temporary funding. Whilst this is recognised in the Council's plans, and in its exit strategy should that scenario come to pass, it acts as a constraint on the use of the resources. It is preventing on-going commitments being made to schemes and is bringing a short-term aspect to decision-making. It can only be hoped that the adult social care green paper, and/or the forthcoming Spending Review, will provide the type of certainty for local government that the NHS Ten Year Plan has done for the health system.
- 6.2 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 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. In addition, the Council wanted to support the reduction of pressure on the NHS and the allocation of the iBCF was set with consideration of this.

## **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 2018/19. Scheme leads, where required, would have gone through appropriate governance processes to consider 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 2018/19. 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 2018/19.

## Appendix 1 - iBCF summary 2018/19

<b>2018/19</b>	<b>Plan £000</b>	<b>Actual / committed £000</b>
<b>Meeting adult social care needs</b>		
Sustainability of adult social care commissioned services	£4,990	£4,071
<b>Total</b>	<b>£4,990</b>	<b>£4,071</b>
<b>Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready</b>		
System resilience (maintaining hospital social work teams)	£820	£819
Extension of existing discharge to assess bed arrangements	£1,700	£1,676
Development of additional domiciliary care capacity	£120	£120
Investment in OT support for reablement services	£520	£476
Support for people awaiting transfer from community health services	£50	£0
Support for people with dementia	£510	£523
Prevention / Admission Avoidance	£1,300	£1,259
Support to implement HICM	£240	£240
Support for people with life long conditions	£300	£295
<b>Total</b>	<b>£5,560</b>	<b>£5,408</b>
<b>Ensuring that the local social care provider market is supported</b>		
Permanent additional uplifts and resources for social care providers	£3,000	£3,178
Workforce development	£280	£194
Joint Commissioning / Demand and capacity plan	£100	£108
Fragility reserve to manage risk of market failure	£500	£500
<b>Total</b>	<b>£3,880</b>	<b>£3,980</b>
<b>TOTAL</b>	<b>£14,430</b>	<b>£13,459</b>