

Adult Social Care Scrutiny Commission

Better Care Fund: Outturn Report 2018/19 and Plan 2019/20

Date: 10th September 2019

Lead Director: Ruth Lake



Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details: 454 5551
- Report version: 1

1. Summary

- 1.1 This update report notes the outturn of the Better Care Fund (BCF) activity and performance for 2018/19 and summarises the intentions for the 2019/20 plan.
- 1.2 The BCF plan was a two year plan, from 2017 – 2019 and a new plan for 2019/20 is due for submission to by 27th September 2019. This will be approved for submission by the Health and Wellbeing Board.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and make any comments.

3. Report

3.1 The BCF programme aims to support local system integration for the purpose of achieving specific improvements in the health and care system, such as reductions in unplanned admissions to hospital, reduced admissions to long term care and fewer delayed transfers of care (DTC)

3.2 A update of the 2017/19 (2 year) plan was presented to scrutiny in June 2018, including a summary of the BCF plan itself. That summary (Appendix 1 of the scrutiny report dated June 2018) is attached for reference at appendix 1 of this report.

3.3 This report provides a summary of the plans delivered in 18/19. The 2019/20 plan is due for submission by 27th September 2019 and this report summarises the key proposals, noting that the plan is largely unchanged.

3.4 Performance against BCF national metrics

Overall, performance in 2018/19 was positive in the context of a significantly challenged health and care system; minimising the impact of rising demand in some areas is a success even where our own ambitions may not have been met.

3.4.1 Emergency admissions

Within Leicester City the position on emergency admissions in 2018/19 was challenging but this should be seen in the context of national pressures on acute care, in particular unplanned acute activity. Comparatively Leicester performed much better than average.

As the City shares a main acute NHS provider with East Leicestershire & Rutland and West Leicestershire, as well as being part of a joint Sustainability and Transformation Plan (STP) footprint, their data is included for comparison, and the national growth rates are also shown.

All Emergency Admissions Year end 18/19	17/18 actual	18/19 actual	18/19 Year on Year increase	18/19 Year on Year % change
Leicester City CCG	39191	39756	565	1.44%
East Leicestershire and Rutland CCG	31658	31545	-113	-0.36%
West Leicestershire CCG	35487	36937	1450	4.09%
LLR CCGs	106336	108238	1902	1.79%
National Rate				5.9%

3.4.2 Delayed Transfers of Care (DTOC)

Understanding the context of target setting is important when reviewing performance in 2018/19.

In 2017/18, new targets were set for DTOC which were challenging. Leicester City managed to meet this national target during 2017 and maintained this performance to the year end. For delays attributable to Leicester City Council, performance was particularly strong with the Council consistently being in the top 5 authorities nationally.

The table below is 2017/18 performance, to provide context to 2018/19 performance.

Total delays
Target

Number of Delayed Days during the period - April 2017 to March 2018

	Delayed Days													Avg Total per day delays	Avg Total per day per 100,000 pop	Total Target/ Trajectories
	NHS	Avg NHS per day delays	Avg NHS per day per 100,000 pop	NHS Target/ Trajectories	Social Care	Avg SC per day delays	Avg SC per day per 100,000 pop	ASC Target/ Trajectories	Both	Avg Both per day delays	Avg Both per day per 100,000 pop	Both Target/ Trajectories	Total			
Apr-17	614	20.5	7.68	7.68	72	2.4	0.90	0.90	92	3.1	1.15	1.15	778	25.9	9.73	9.73
May-17	489	15.8	5.92	5.92	79	2.5	0.96	0.96	98	3.2	1.19	1.19	666	21.5	8.06	8.06
Jun-17	445	14.8	5.57	6.12	114	3.8	1.43	0.99	142	4.7	1.78	1.23	701	23.4	8.77	8.33
Jul-17	557	18.0	6.74	6.28	166	5.4	2.01	0.97	192	6.2	2.32	2.96	915	29.5	11.08	10.21
Aug-17	661	21.3	8.00	5.73	122	3.9	1.48	0.95	312	10.1	3.78	2.96	1,095	35.3	13.26	9.64
Sep-17	538	17.9	6.73	5.18	31	1.0	0.39	0.93	260	8.7	3.25	2.96	829	27.6	10.37	9.07
Oct-17	584	18.8	7.07	4.63	4	0.1	0.05	0.91	369	11.9	4.47	2.96	957	30.9	11.59	8.50
Nov-17	546	18.2	6.83	3.43	3	0.1	0.04	0.88	146	4.9	1.83	2.96	695	23.2	8.70	7.28
Dec-17	322	10.4	3.90	3.48	0	0.0	0.00	0.88	103	3.3	1.25	2.96	425	13.7	5.15	7.3
Jan-18	448	14.5	5.42	3.45	1	0.03	0.01	0.88	51	1.6	0.62	2.94	500	16.1	6.05	7.3
Feb-18	482	17.2	6.46	3.45	0	0.00	0.00	0.88	28	1.0	0.38	2.94	510	18.2	6.84	7.3
Mar-18	430	13.9	5.21	3.45	1	0.03	0.01	0.88	43	1.4	0.52	2.94	474	15.3	5.74	7.3

The targets for 2018/19 were set using Q3 performance in 2017/18. This had particular impact for social care and resulted in a Local Authority target of just 0.03 average days per 100,000 population. The national target is 2.4 days thus the local target was set substantially lower than the national expectation, based on previous performance.

The table below demonstrates delivery against the national target in 2018/19. It is very positive to note that the whole system target was achieved in every month, supported by reductions in NHS and joint delays. However, due to target setting as explained above, social care delays rarely achieved the target set (whilst the Council was still performing in the top quartile of councils nationally, including being the top performer in a number of months).

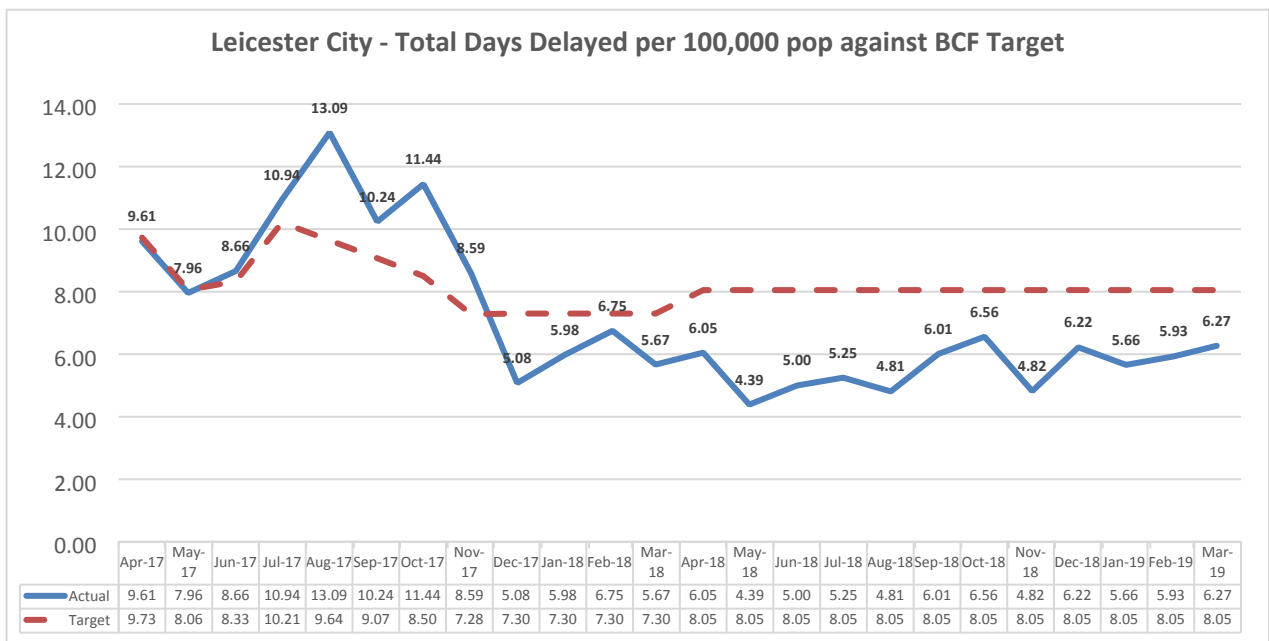
Total delays

Target

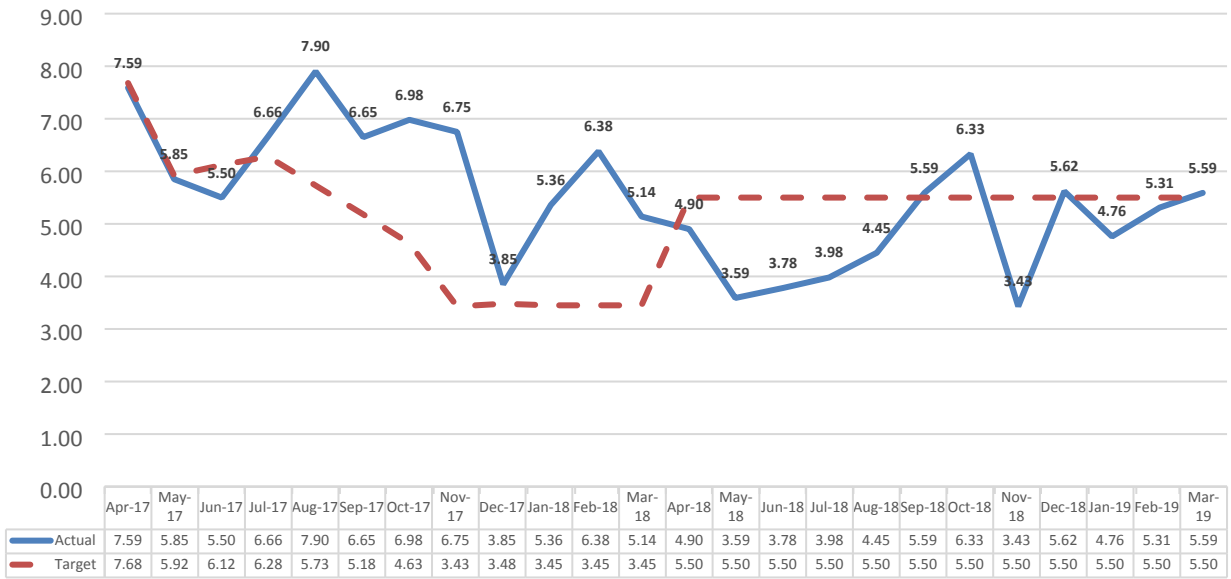
Number of Delayed Days during the period - April 2018 to March 2019

	Delayed Days												Total	Avg Total per day delays	Avg Total per day per 100,000 pop	Total Target/Trajectories
	NHS	Avg NHS per day delays	Avg NHS per day per 100,000 pop	NHS Target/Trajectories	Social Care	Avg SC per day delays	Avg SC per day per 100,000 pop	ASC Target/Trajectories	Both	Avg Both per day delays	Avg Both per day per 100,000 pop	Both Target/Trajectories				
Apr-18	391	13.0	4.90	5.50	7	0.2	0.09	0.03	85	2.8	1.06	2.52	483	16.1	6.05	8.05
May-18	296	9.5	3.59	5.50	16	0.5	0.19	0.03	50	1.6	0.61	2.52	362	11.7	4.39	8.05
Jun-18	302	10.1	3.78	5.50	13	0.4	0.16	0.03	84	2.8	1.05	2.52	399	13.3	5.00	8.05
Jul-18	328	10.6	3.98	5.50	1	0.0	0.01	0.03	104	3.4	1.26	2.52	433	14.0	5.25	8.05
Aug-18	367	11.8	4.45	5.50	19	0.6	0.23	0.03	11	0.4	0.13	2.52	397	12.8	4.81	8.05
Sep-18	446	14.9	5.59	5.50	31	1.0	0.39	0.03	3	0.1	0.04	2.52	480	16.0	6.01	8.05
Oct-18	522	16.8	6.33	5.50	3	0.1	0.04	0.03	16	0.5	0.19	2.52	541	17.5	6.56	8.05
Nov-18	274	9.1	3.43	5.50	50	1.7	0.63	0.03	61	2.0	0.76	2.52	385	12.8	4.82	8.05
Dec-18	464	15.0	5.62	5.50	31	1.0	0.38	0.03	18	0.6	0.22	2.52	513	16.5	6.22	8.05
Jan-19	393	12.7	4.76	5.50	32	1.0	0.39	0.03	42	1.4	0.51	2.52	467	15.1	5.66	8.05
Feb-19	396	14.1	5.31	5.50	11	0.4	0.15	0.03	35	1.3	0.47	2.52	442	15.8	5.93	8.05
Mar-19	461	14.9	5.59	5.50	0	0.0	0.00	0.03	56	1.8	0.68	2.52	517	16.7	6.27	8.05

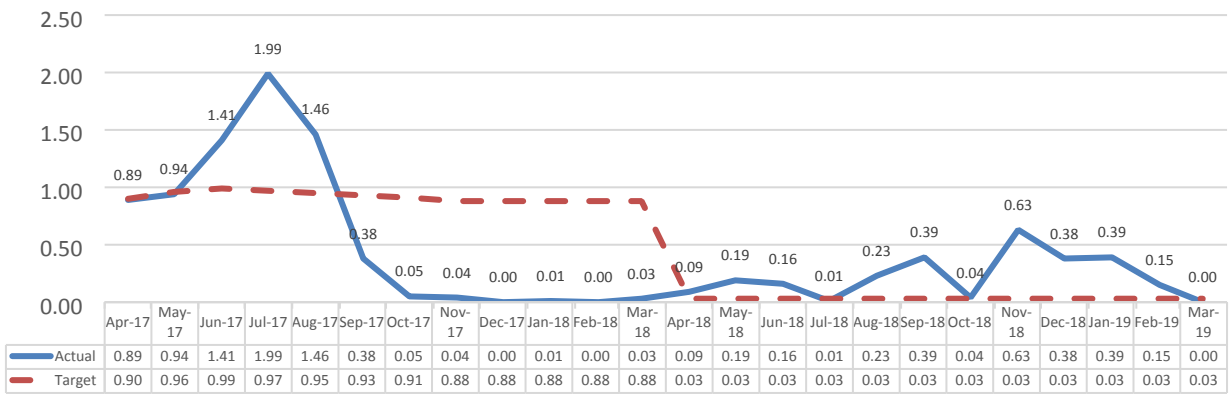
The graphs below show the performance as a system over a two year period and by attributable delays (NHS, Social Care, Joint)



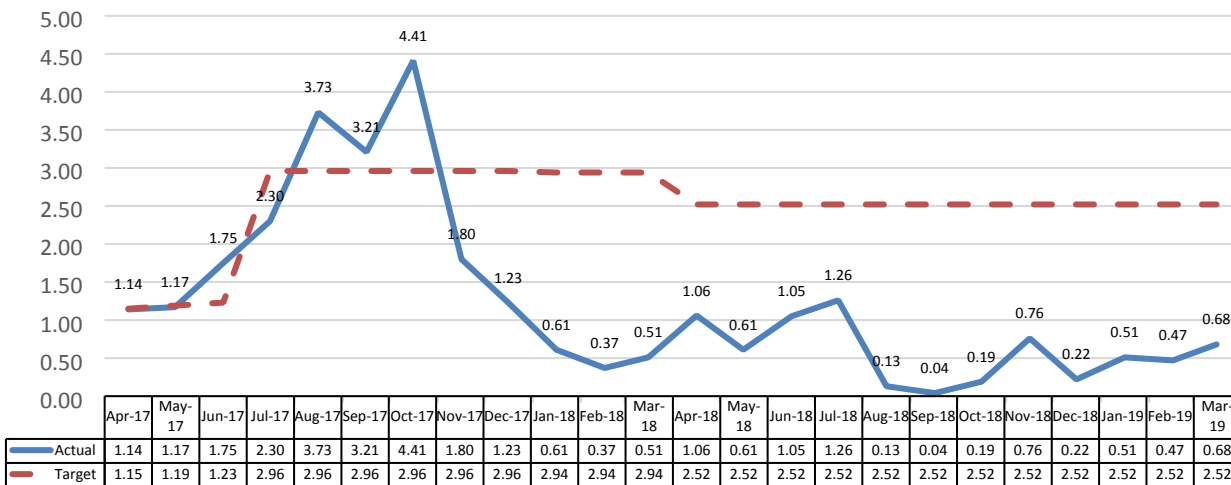
Leicester City - NHS Days Delayed per 100,000 pop against BCF Target



Leicester City - Social Care Days Delayed per 100,000 pop against BCF Target

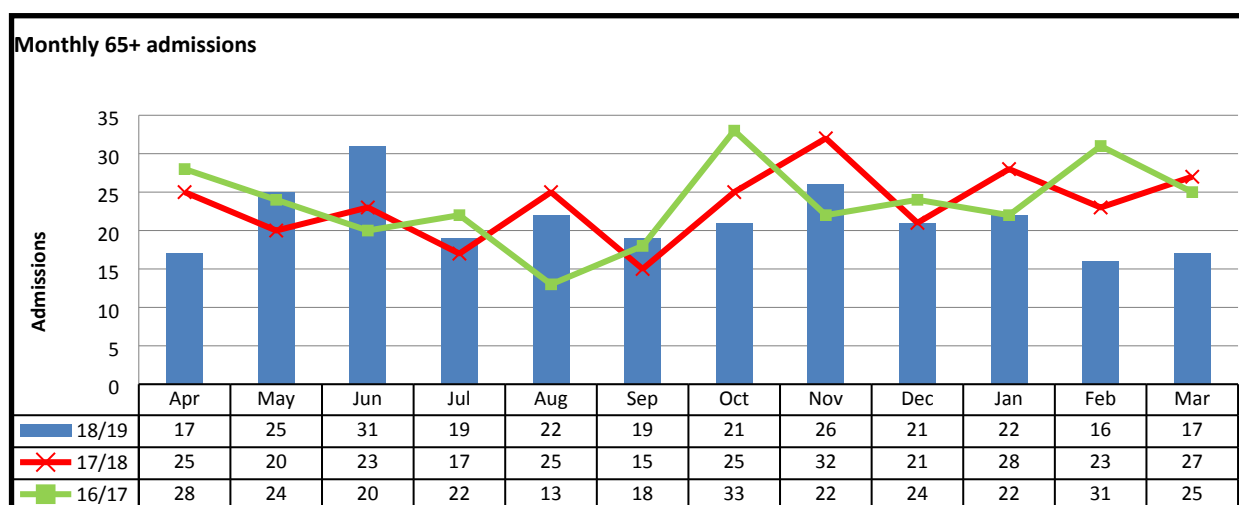


Leicester City - Joint Attributable Days Delayed per 100,000 pop against BCF Target



3.4.3 65+ Permanent Admissions in residential / nursing homes

For the period 1/4/18 to 31/3/19 there have been 256 permanent admissions for those aged 65 and over into residential or nursing homes. The BCF year-end target for 18/19 was no more than 254 admissions in the year.



The target was just missed although this represents an improved position from 2017/18, where 281 admissions were made. To provide assurance on the appropriate use of residential and nursing care, monthly audits are completed which include those cases where people have been newly admitted to residential or nursing care. These audits have not highlighted any cases where it was felt that the outcome should have been different (i.e. where a service other than residential care could have been suitable).

Further, as a proportion of all services provided, residential and nursing care makes up a smaller proportion in Leicester than in other East Midlands councils (i.e. a higher proportion of people are supported in their own homes than in other areas). This also gives assurance that our focus is on supporting people at home wherever possible.

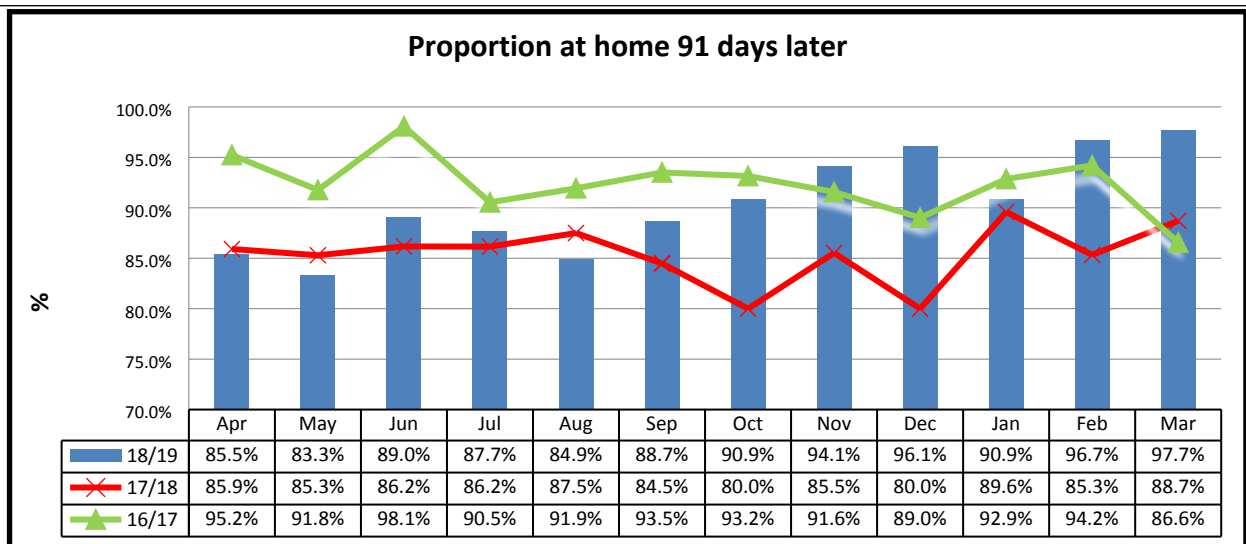
3.4.4 Proportion of those aged 65+ at home 91 days later following hospital discharge

This measure looks at the outcomes achieved by Reablement services, locally provided by the Council directly. It reports on the proportion of people still at home (with or without a package of care) 91 days after the end of their reablement episode. It is a proxy for the effectiveness of services that promote independence.

The year-end national target for 2018/19 was 92% and is based on Oct – Dec 2018 hospital discharges only for over 65's (thus counts January – March 2019 outcomes at 91 days).

Performance was 95.3% (214 people went into reablement with 204 being at home 91 days later) and therefore the target was met. This was also an improvement on 2017/18 where the target was missed (87.6% against a target of 90%).

The Council monitors performance for reablement episodes across the whole year, to add further information to the limited national metric.



Over the whole year 75 people (9.6%) were not at home of whom 57 (7.3%) were deceased and 18 (2.3%) moved into residential care homes. When compared to the previous year, there were fewer people deceased this year (11.2% in 2017/18) and fewer entering residential care homes (3.4% in 2017/18). This is a positive reflection of the work undertaken to ensure that the right people were able to access reablement upon discharge and of the effectiveness of the Reablement Service. During the year, the Reablement Service participated in a national audit and it was identified that Leicester City Council's service achieves the best outcomes in terms of improved independence of all the services that were audited nationally.

3.5 iBCF

3.5.1 The iBCF is a funding stream that was added to the BCF in 2017/18. Although formally a part of the overall BCF, this element of funding is provided directly to councils and must spent in the following areas:

- Support to adult social care
- Support to the NHS
- Support to the care market

3.5.2 During 2018/19 funding was £4,502,650. This was utilised in line with the grant conditions, with a proportionate split of funding across the three elements. The funding essentially enabled the Council to continue to support social work capacity to hospital facing activity, to invest adequately in sufficient care services to meet eligible need at a fair price, and to maintain a preventative offer through reablement and commissioned services from the voluntary sector.

3.5.3 Performance against the iBCF is monitored alongside BCF reporting. The specific measures that were linked to the iBCF were rates of DTOC, the effectiveness of reablement (91 day target), admissions to long term care – all of which are core BCF metrics described above. In addition, market stability was measure through the number of provider exits due to financial instability. The care market in Leicester is fragile but mostly stable and comparatively positive against other Local Authority areas; during 2018/19 this continued to be the case and provider exits were very few in number. Realistically, one off

funding via the iBCF does not provide a financial platform from which to fundamentally address the wider pressures about staffing and sustainability in the social care market.

3.6 2019/20 BCF Plan

3.6.1 At time of writing the plan is still in draft, for submission by 27th September 2019. It is noted that this is some time after the start of the financial year 2019 / 20, as a result of the late issue of the BCF guidance.

3.6.2 The BCF plan locally is deemed to be having positive impact and the key service offer is unchanged. Some minor adjustments have been made to spending plans, supporting service extensions in existing schemes (more capacity) and some new preventative services, such as Eye Clinic Liaison Support and funding to enable the Centre Project to open for an additional day.

3.6.3 The full plan and spending schedule can be shared once submitted and approved via the National Assurance process.

4. Financial, legal and other implications

4.1 Financial implications

The allocations in 2018/19 were £24,922k for the BCF (of which £17,153k is spent by the Council) and £12,343k (Council only) for the iBCF. Appendix 2 shows the split of the BCF schemes between Adult Social Care, the City Clinical Commissioning Group (CCG) and Leicestershire Partnership Trust (LPT) for 2018/19. All of the ASC schemes were fully spent in line with the budget and there were some small underspends in the CCG schemes which will be carried forward into next year.

The iBCF allocation for 2018/19 was £12.3m and has been spent supporting the three areas highlighted in para 3.5.1 above. The iBCF for 2019/20 increases to £15.5m and will be used for the same purposes. There is no indication from central government regarding the future of the BCF from 2020/21. Information is expected following the single year spending review which should complete in the autumn.

Martin Judson, Head of Finance

4.2 Legal implications

There are no direct implications arising from this report

Pretty Patel, Head of Law ext 1457

4.3 Climate Change and Carbon Reduction implications

There are no climate change implications resulting from this report

4.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't. Due regard to the Public Sector Equality Duty should be paid before and at the time a decision is taken, in such a way that it can influence the final decision and this is an ongoing duty.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Better Care Fund update covers the protected characteristics of age, disability and gender, as defined by the Equality Act 2010.

Issues arising from any of the protected characteristics will need to be monitored and addressed as part of the ongoing work underway on the BCF and included in any proposals for the 2019/20 plan.

Sukhi Biring, Corporate Equalities Officer, 454 4175

4.5 Other Implications

None noted

5. Background information and other papers:

N/A

6. Summary of appendices:

Appendix 1: ASC Scrutiny Report appendix 1 June 2018: Summary of Leicester City's Better Care Fund Plan 2017/19

Appendix 2: Finance schedule and outturn 2018/19