



Report of: Corporate Director of Housing and Adult Social Services

Health and Wellbeing Board	Date: 18 October 2017	Ward(s): All
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## SUBJECT: Better Care Fund Update

*The Integration & Better Care Fund Narrative 2017/18 has been circulated separately to members of the Board*

### 1. Synopsis

- 1.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 1.2 The BCF represents a collaboration between NHS England, Department for Communities and Local Government, Department of Health and the Local Government Association (LGA). The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Five Year Forward View.
- 1.3 The BCF encourages integration by requiring CCGs and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan. In 2016/17, £5.9 billion was pooled in the BCF nationally. Locally, the Islington pool is £26.2m.
- 1.4 Islington submitted our local Better Care Fund plan for 2017/18 on 11 September 2017. The full plan is appended to this document and has been circulated separately. This report summarises the submission.

### 2. Recommendations

- 2.1 To note the submission of the local Better Care Fund plan for 2017/18.

### 3. Background

3.1 The Health and Wellbeing Board received a report on the achievements of 2016/17 for the Better Care Fund in April 2017. This report also asked the board to note the additional requirements for the 2017/18 submission. The 2017/18 submission has now been signed off and submitted. Due to the timelines, the submission was signed off by Richard Watts as Chair of the Health and Wellbeing Board.

3.2 The financial summary of the 2017/18 plan is

	<b>Scheme</b>	<b>2016/17 Total (£k)</b>	<b>2017/18 Proposed Total (£k)</b>	<b>2018/19 Proposed Total (£k)</b>
LA	<b>1. Protection of adult social services</b>	<b>7,802</b>	<b>7,861</b>	<b>7,861</b>
LA	<b>2. Reablement</b>	<b>1,200</b>	<b>1,200</b>	<b>1,200</b>
LA	<b>3. Carers</b>	<b>95</b>	<b>246</b>	<b>246</b>
LA	<b>4. Care Act</b>	<b>663</b>	<b>663</b>	<b>663</b>
LA	<b>5. DFG</b>	<b>1,318</b>	<b>1,452</b>	<b>1,584</b>
CCG	<b>6. IT</b>	<b>600</b>	<b>600</b>	<b>600</b>
CCG	<b>7. Out of Hospital Services</b>	<b>5,382</b>	<b>6,828</b>	<b>7,159</b>
LA	<b>8. Improved BCF</b>	<b>0</b>	<b>1,269</b>	<b>6,457</b>
LA	<b>9. Improved BCF</b>	<b>0</b>	<b>6,070</b>	<b>3,700</b>
	<b>Total</b>	<b>18,411</b>	<b>26,190</b>	<b>29,470</b>

Full detail is included in the appended document, circulated separately.

3.3 The governance arrangements for the Better Care Fund are as follows

- Leadership and direction for the overall move to greater Integration is provided by the Wellbeing Partnership Board, working across Islington and Haringey. The pre-existing Integrated Care Programme Board has been merged into this group. This group brings together local residents, clinicians, commissioners and providers.
- Within the more restricted definition of the pooled budget that is the Better Care Fund, this is overseen by the Pooled Budget Group between the Local Authority and the CCG. This group is a commissioner and finance focussed group.

Islington CCG has appointed a Programme Director for Integrated Care, within the existing Joint Commissioning Arrangements, to lead on the Better Care Fund.

3.4 Expected outcomes for the Better Care Fund for 2017/18 are detailed in the appendix, however, a high level summary is as follows:

BCF Metric	Islington 2017-2019	Islington 2018-2019
Non-Elective Admissions (NEAs)	2.2% Increase  This due to expected demographic and non-demographic changes, and reduced activity in line with QIPP schemes	9% reduction
Delayed Transfers of Care (DTC) - ALL	1.7% reduction  This is the 2016/17 whole year actual compared with the 2017/18 whole year target.	TBC
Residential/ Nursing Care Home Admissions	5% reduction	0% reduction due to demographic pressures and D2A requirements
Reablement effectiveness – 91 days still home	0% change due to high performance	0% change due to high performance

3.5

The progress of the Better Care Fund has been managed through the Islington Integrated Care Programme. This programme is aligned to the wider Wellbeing Partnership across Haringey and Islington and the Sustainability and Transformation Plan. The Islington Integrated care programme board as over the past 3 years (of the 5 year national programme) has strengthened partnership working; identified opportunities for integrated care and has overseen whole systems integration initiatives particularly in the areas of care closer to home.

**Key achievements** in 2016/17 that were enabled by the Better Care Fund include:

- Protection of Adult Social Care:**  
The Better Care Fund, alongside existing pooled budgets between health and social care, has supported investment into frontline services such as social care services that benefit health (core social care offer of assessment, care management and reablement); Carers funding (Carers funding, assessment and carers breaks) and disabled facilities grant (home adaptations for independent living). The fund has also been used to support demographic pressures and substantial growth in NHS funded Continuing Healthcare for people with Learning Disabilities and older people. This resourcing has enabled local people to live more independently, and return to the community in a timely way when accessing hospital services;
- Universal coverage for people with complex needs through locality Integrated Health and Social Care Networks:**  
Islington CCG and Council alongside GP practices developed extended health and care teams to support networks of practices, to provide an integrated response to those patients most at risk of admission who would benefit from a more joined up response. This model is now available across the borough. This model of care includes regular meetings of health, care, housing and voluntary sector professionals to directly discuss patient care. These networks will be aligned into the wider GP locality working through the Care and Health Integration Networks.
- Enabling IT solution:**  
Islington has progressed with BT the development of an Integrated Digital Care Record and a Person Held Record called CareMyWay (Personal and Professional). CareMyWay Professional provides a joined up health and care record and this is in pilot phase in the borough.

- **Workforce to join up health and social care:**  
The Islington Community Education Provider Network was established and developed an integrated care training programme to enable a skilled workforce that delivers care with dignity and compassion, is motivated to make a difference and is rewarded for its efforts.
- **National status as an Integrated Personalised Commissioning site and Extension of Personal Health Budgets:**  
Islington in November 2016 was awarded national status as a leading site to bring together health and social care for complex individuals (adults and childrens) as a site for integrated personalised commissioning. This programme includes developing innovative approaches to deliver care planning and personal budgets as required. A key enabler of this work has been Islington's progression in personal health budgets which is now available to people with multiple sclerosis.

## 4. Implications

### 4.1 Financial Implications:

The Better Care Fund plan has been submitted for 2017-18 and there are no direct financial implications from this report.

Any financial implications arising should be considered and agreed as necessary by the Council and/or the Clinical Commissioning Group (CCG).

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council or the Clinical Commissioning Group (CCG).

### 4.2 Legal Implications:

Section 121 of the Care Act makes provision for a fund for the integration of care and support with health services to be known as the "Better Care Fund". This provision is a mechanism which allows the sharing of NHS funding with local authorities to be made mandatory. Section 121(1) of the Care Act 2014 amends section 223 (B) of the National Health Service act 2006 (funding of the National Health Service Commissioning Board ) to allow the Secretary of State ( "SOS")to specify in the mandate to NHS England a sum which the Board must use for objectives relating to integration. The mandate is given to the Board by the SOS under section 13A of the National Health Service Act 2006.

Section 121(2) of the Care Act 2014 inserts a new section 223GA into the National Health Service Act 2006 which allows the Board to direct clinical commissioning groups (CCGs) to use a designated amount of their financial allocation for purposes relating to service integration. It also makes provision for how the designated amount is to be determined. Payment of the designated amount must be subject to a condition that the CCG pays the money into a pooled fund established under arrangements made with a local authority under section 75 of the National Health Service Act 2006. In exercising its powers in relation to the Better Care Fund, the Board must have regard to the need for provision of health services, health-related and social care services.

### 4.3 Environmental Implications

The Better Care Fund encourages agencies to work together, which potentially reduces duplication and therefore contributes to reducing their environmental impacts. Increasing use of digitised record systems also reduces the impact of resource use.

### 4.4 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

An additional Resident Impact Assessment has not been completed because the workstreams within the Better Care Fund are covered within the Sustainability and Transformation Plan, where the impact was noted as positive.

## 5. Conclusion and reasons for recommendations

- 5.1 The Health and Wellbeing Board is asked to note the submission of the Better Care Fund plan for 2017/18.

### Appendices

- Integration and Better Care Fund Narrative 2017/18 – *circulated separately*

### Background papers:

- None

### Signed by:



10 October 2017

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