



ISLINGTON

# HEALTH AND WELLBEING BOARD

## 14 December 2021

### SECOND DESPATCH

Please find enclosed the following items:

**Item 4** Better Care Fund Plan Approval

1 - 16

Enquiries to : Thomas French  
Tel : 020 7527 6568  
Email : [thomas.french@islington.gov.uk](mailto:thomas.french@islington.gov.uk)



This page is intentionally left blank



**Report of: The Director of Integration, Islington, North Central London CCG**

<b>Health and Wellbeing Board</b>	<b>Date: 14<sup>th</sup> December 2021</b>	<b>Ward(s): All</b>
-----------------------------------	--	---------------------

<b>Delete as appropriate</b>		Non-exempt
------------------------------	--	------------

## **SUBJECT: Islington’s Better Care Fund: 2021-22**

### **1. Synopsis**

- 1.1 This report describes the Better Care Fund, and Islington’s approach to this nationally mandated area of work for 2021-22.
- 1.2 The Better Care Fund (BCF) is a national vehicle for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). The annual national approval process has now been released for 2021/22 and this paper supports that process.

The Better Care Fund was established in 2013, and builds on a long tradition of joint working in Islington. It is now a well-established recurrent budget that funds key services in the borough.

- 1.3 It is important to note that the BCF is a nationally mandated budget. However, in Islington, it has not been used as the key driver for integration and joint working; locally this is Fairer Together. Fairer Together represents a much broader programme of work and collaboration to improve health and wellbeing for Islington residents and the BCF should be understood in that context.
- 1.4 The Better Care Fund has four national conditions;
  - a jointly agreed plan between local health and social care commissioners, signed off by the HWB
  - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
  - invest in NHS-commissioned out-of-hospital services
  - a plan for improving outcomes for people being discharged from hospital

The purpose of this paper is to see sign off of the Better Care Fund plan for 2021-22 as required by the first condition. To note, the submission has been made to NHSE; due to the timeframes of the guidance being released and the deadline for submission, the plan was supported by the Chair of the HWB; this report is to ratify that decision.

## 2. Recommendations

2.1 To note the report and to agree the Better Care Fund plan for 2021-22

## 3. Background

3.1 The Better Care Fund funds services to ensure Islington residents are supported to remain healthy and independent for as long as possible. It is a small part of the broader Fairer Together programme.

There are five key metrics to assess the impact of the Better Care Fund. These metrics also clarify the areas of focus for the budget, and are as follows

- Reducing unplanned hospital admissions
- Reducing the length of stay in hospital for Islington residents
- Improving the numbers of people who are discharged home from hospital
- Reducing the need for long term care
- Ensuring Reablement keeps more people at home

3.2 The national planning cycle for the Better Care Fund was delayed for 2021-22 and was released in October 2021. We are seeking HWB approval for the current plan which commenced in April 2021. However, we note that the core elements of the plan are sustained from previous years, and are currently expected to remain in effect for 2022-23.

3.3 The Better Care Fund is essentially a pooled budget and the source and expenditure for the pool are summarised below;

Source	Income (2021/22)
London Borough of Islington	£16,016k
North Central London Clinical Commissioning Group	£20,865k

Scheme	Spend (2021/22)
Support for Adult Social Care	£20,550k
Support for Discharge and Rapid Response	£7,768
Integrated and Preventative Services	£3,620k
Disabled Facilities Grant	£1,940k
Winter Pressures	£1,286k
Reablement	£1,200k
Other Services	£517k

3.4 Reducing unplanned hospital admissions – plan for 2021/22

A key strategy for this metric is Islington's Rapid Response service, provided by Whittington Health. This service is delivered by a multi-disciplinary team from the Whittington and can support Islington residents within two hours of referral in their own home. The team is nurse led, but has access to doctors, therapists and care staff. The aim is to stabilise people at home and ensure they have the right care to remain there, preventing an A&E attendance or hospital admission.

In October 2020/21 the team saw 250 new residents at home – this represents a 150% of the activity prior to the pandemic on a monthly basis. We are looking to continue to expand the model to support residents to remain at home.

### 3.5 Reducing the length of stay in hospital for Islington residents **and** improving the numbers of people who are discharged home from hospital (as opposed to going to longer term care)

We know that after acute treatment is finished, hospital is not a good place for Islington residents to stay. People want to be home as quickly as possible to continue their recovery. Whittington hospital has continued to deliver very low average length of stay. A key service that has continued to develop over the last few years is 'Discharge to Assess', where residents are supported with care at home following an admission. The BCF has supported a number of initiatives to expand the clinical team providing support; in 2020-21 funding was made available for additional therapists to support rehabilitation and recovery at home.

In October 2021, the Whittington had the shortest % of patients with a 21 day LOS or longer (13.6%) in NCL, and the second shortest in London. UCLH, where a significant proportion of Islington residents are admitted had a much higher %, at 25.0%. We will continue to work closely with UCLH to see how we can ensure Islington residents are helped to return home in a timely way.

### 3.6 Reducing the need for long term care

A key support is via the Disabled Facilities Grant (DFG) which is funded via the BCF. The DFG is a means-tested grant (for adaptations exceeding £10,000) to install suitable showers, stair lifts, ramps or to make other changes to the home to enable disabled children and adults to lead more independent lives. These recommendations are made by an Occupational Therapist (OT) or other health professional to improve safety, restore dignity and make life easier for disabled people and to assist their carer. It can also be crucial in avoiding a move into care or in enabling someone to leave hospital.

Other key support provided by the BCF includes the Whittington's ICAT service; a Geriatrician led service providing a multi-disciplinary service for complex frail residents, and the Integrated Network Teams; community teams based around GP Practices who support people with complex health and care needs to receive optimal care and support.

### 3.7 Ensuring Reablement keeps more people at home

Islington Reablement's service has been adversely affected by Covid, resulting in reduced capacity. Our system has taken this opportunity to better design a collaborative model to support people who need more help at home to recover from a short term illness or need. The Council and the Whittington have been working closely together on a model that will see increased Islington residents benefitting from Reablement and better collaboration between

key teams. The Reablement service relaunched in Q3 2021-22 and will be growing through the rest of the year.

#### **4. Implications**

##### **4.1 Financial Implications:**

The Better Care Fund, as all S75 arrangements, is overseen by the Islington S75 group. This is co-chaired by the Director of Integration at NCL CCG and the Director of Adult Social Services at the London Borough of Islington. Both organisations have appropriate financial representatives and oversee the spend of the budget through that body.

The Better Care Fund plan has been submitted for 2021-22 and there is no change to the total amounts that Islington Council will receive in comparison to the previous financial year. Therefore, 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 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 and contribution to achieving a net zero carbon Islington by 2030:**

This report is an update on 2021/22 performance rather than a change to policy or procurement, meaning there are no new environmental implications to note. The Better Care Fund is aimed at better integrating health and social care to reduce duplication, which may result in the environmental impact of the services being reduced.

#### 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.

This report has not conducted an individual RIA for the BCF as a whole. Our approach to this budget is to conduct appropriate assessments on changes to each service as required.

#### 5. **Conclusion and reasons for recommendations**

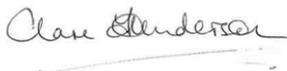
- 5.1 The Health and Wellbeing Board is asked to note and approve the BCF plan for Islington for 2021/22.

#### **Signed by:**



Dan Windross  
Assistant Director Integrated Care, Islington CCG

Date 03/12/21



Clare Henderson  
Director of Integration, Islington Directorate, NCL CCG

Date 08/12/2021

Report Author: Dan Windross, Assistant Director, Integrated Care, Islington CCG  
Tel: 020 3688 2948  
Email: Dan.windross@nhs.net

Financial Implications Author: Charlotte Brown, Finance Manager Adult Social Care  
Tel: 0207 527 2687  
Email: [Charlotte.Brown@islington.gov.uk](mailto:Charlotte.Brown@islington.gov.uk)

Legal Implications Author: Stephanie Broomfield, Principal Lawyer  
Tel: 0207 527 3380  
Email: Stephanie.broomfield@Islington.gov.uk

This page is intentionally left blank

### **BCF narrative plan template**

This is an optional template for local areas to use to submit narrative plans for the Better Care Fund (BCF). These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover the headings and topics in this narrative template.

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

## Cover

Health and Wellbeing Board(s)

Islington

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

How have you gone about involving these stakeholders?

Islington's Integrated Care Partnership is called 'Fairer Together', one of 5 ICP's that make up North Central London Integrated Care System.

This ICP brings together a range of important local bodies representing a range of health and care organisations, including Islington Council, Whittington Health NHS Trust, Islington GP Federation, Camden and Islington NHS Foundation Trust, North Central London CCG, University College London Hospitals NHS Trust, Cripplegate Foundation, Voluntary Action Islington, Islington Police, Islington Fire Brigade and Healthwatch Islington.

The borough partnership oversees and co-ordinates all aspects of local integrated health and care services. The Fairer Together Board has set out a programme of integrated work which is leading the local improvement of health and care delivery in Islington. The ambitions of the Fairer Together Partnership complement, and develop, the ambitions of the Better Care Fund.

Consequently, the narrative plans for the Better Care Fund in Islington are rooted in the plans of our Borough Partnership. The Better Care Fund provides capacity for key services, but our Borough Partnership is the driving force for integration in Islington.

Governance for the Fairer Together Borough partnership is overseen by the Strategic Executive Board, jointly chaired by Cllr Kaya Comer-Schwartz, Leader of the Council and Dr Jo Sauvage, Chair of NHS London North Central CCG.

## **Executive Summary**

This should include:

- Priorities for 2021-22
- key changes since previous BCF plan

Islington's Fairer Together Borough Partnership has set the following priorities as part of the vision for the ICP; to build a Fairer Islington through

- Helping residents live healthier, happier, longer and more independent lives –and reducing health inequalities
- Making Islington the best place to grow up
- Creating a safe and cohesive borough
- Delivering an inclusive economy, supporting people into work and helping them with the cost of living

The development of the borough partnership represents the key change since the previous Better Care Fund plan. Working within the North Central London Integrated Care System, Fairer Together is an ambitious partnership across Islington.

Fairer Together has set three areas of ambition for Islington around the themes of Start Well, Live Well and Age Well. These ambitions are detailed below

**Start Well.** Islington will be a great place for children and young people to grow up in

- All children starting school ready to learn
- All young people growing up in households with good levels of income
- All young people leaving school life ready, with good social, emotional, mental health and in education, employment or training

**Live Well.** A place where people are proud to live, with a decent home, fulfilling jobs and healthy lives

- No one sleeping rough on Islington streets
- People having the skills they need to access good jobs that are right for them, and to progress
- People living healthy, independent lives, with access to good quality care and support when they need it

**Age Well.** A place where people live healthier, happier, longer and more independent lives

- Everyone feeling connected and having as much social contact as they want
- People being supported to stay well and live at home for as long as possible
- People who are no longer able to live independently being well supported

In addition to the work above, Islington has identified four overarching areas that support the work above. These include Better air quality and lower carbon emissions and a high built and natural quality environment; Reduced crime, reoffending and antisocial behaviour, and increased support for victims; High quality housing, with appropriate and affordable options for different groups and High quality, accessible mental health care and support for all.

## Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

The Islington Better Care Fund is led by a "Section 75 Group", with membership from Islington Council and NCL CCG.

The group is co-chaired by the Director of Adult Social Services and the Director of Integration, North Central London CCG, and has responsibility for the overall oversight of the BCF. This includes monitoring budget, decisions about funding, ensuring delivery of metrics and reporting requirements and other key governance decisions.

Islington has a long history of pooled budget working, and the Section 75 group oversees a further 6 pooled budgets covering Mental Health, Learning Disabilities, Community Equipment, Carers, Intermediate Care and Care of Older People.

Depending on the schemes within the BCF, different groups will be involved in co-ordinating delivery either at a Locality, ICP or ICS level.

Islington's Fairer Together Partnership is the key group leading the local integration programme; however, some schemes within the BCF are overseen and led at an ICS level – for example, discharge work which in North Central London often cuts across local geographic boundaries and is consequently led through ICS structures.

Annual reports on the BCF are submitted to the Health and Wellbeing Board as part of a wider report on joint commissioning within the borough.

## Overall approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including

- Joint priorities for 2021-22
- Approaches to joint/collaborative commissioning
- Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21.

We want to create a step forward in how well we prevent issues arising through more integrated public services and more resilient local communities. This means:

- A simpler, more joined up local system that offers the right support at the right time that manages the growth in demand and to reduce duplication in the system
- Integrated, multi-disciplinary teams from across the public sector working together on the same geography and tackling issues holistically, focused on relationship-building and getting to the root causes
- A workforce who feel connected to each other and able to work flexibly, better able to meet people's needs
- A new system partnership with the voluntary sector to co-ordinate local activity, networks and opportunities – so that we make the best use of the strengths and assets of our communities

To deliver this vision, we have agreed the following enablers

- A strategic and innovative focus on culture and behaviour among staff and residents
- A joint approach to the shared public estate with services delivered from fewer, better buildings, enabling estate rationalisation and new social housing
- Integrated data and systems
- A mature approach to finance, risk and reward across the local system
- More joined-up governance of strategy and spend with the council and NHS – so that we are jointly deploying our resources to achieve the most impact

Key changes in 2021-22 for services funded from the BCF have included the following

- Delivery of revised national discharge arrangements; including creation of an Integrated Discharge Team to support flow from our main hospitals and ongoing review of our reablement services to better integrate with health
- Increased rapid response capacity to deliver the revised aims of the national Ageing Well Programme
- Ongoing review and update of the Integrated Network teams to align with developments in Primary Care Networks and Localities within the borough

## Supporting Discharge (national condition four)

What is the approach in your area to improving outcomes for people being discharged from hospital?

How is BCF funded activity supporting safe, timely and effective discharge?

As set out above, Discharge is supported and developed at an ICS level but key services to manage discharge are also funded from the Better Care Fund. This means that there is close working between the overall approach which is co-ordinated across North Central London, and the local implementation which is delivered at the Integrated Place level

BCF is funding key services that support safe, timely and effective discharge. These include

- Integrated Discharge Teams providing key co-ordination for patients coming out of hospital
- Pathway 1 capacity (including reablement, discharge to assess services and complex MDT's in the community)
- Pathway 2 capacity (including intermediate care beds across NCL and in borough)
- Pathway 3 support including Enhanced Health in Care Homes teams and other teams that in-reach into care homes

A key piece of work to highlight in this area is the development of the Integrated Urgent Rapid Response team.

This work brings together existing teams with new resources to support a more co-ordinated approach to rapid response teams, reablement, discharge to assess, community therapies and voluntary sector colleagues in order to create a single team with shared leadership, shared records and a common approach to case management in order to better streamline the service and make optimal use of our capacity to support the revised national requirements. Once developed these teams will dock into wider integrated arrangements to ensure strong links with primary care and mental health.

## **Disabled Facilities Grant (DFG) and wider services**

What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The 2021/22 allocation for the Disabled Facilities Grant (DFG) for Islington Council is £1,940k. This grant is for the provision of adaptations to disabled people's homes to help them to live independently for longer. The DFG is part of the Better Care Fund (BCF).

The aim is to use home aids/adaptations and technologies to support people in their own homes to improve outcomes across health, social and housing.

- Disabled Facilities Grants - The provision of adaptations to disabled people's homes to help them to live independently for longer.
- Aids & Adaptation and Assistive Technology to help residents to live independently for longer.

As well as the DFG within the BCF, Islington has a separate pooled budget which provides community equipment. This budget is held between the Local Authority, the CCG and the Whittington NHS Trust. This joint ownership of the community equipment pooled budget ensures that Islington has a joined up approach to enabling residents to stay at home.

### **Equality and health inequalities.**

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

Addressing health inequalities is at the heart of Fairer Together, and is one of four priority workstreams within the partnership. The aim of the workstream is to ensure there is a real focus on tackling inequality across the Fairer Together Programme. Our vision is to ensure the borough is a place where all residents can thrive: a fair, open and inclusive borough free from discrimination.

The key deliverables include

- Agree the Challenging Inequality Partnership Plan setting out actions partners are taking individually within their respective organisations and areas for collective action
- All partners sign up to the challenging inequality pledge
- Ensure there is robust data underpinning the work
- Mechanisms for the community to get involved

The top 3 priorities are

- To ensure all other workstreams tackle inequalities and ensure that they all have an equality lens.
- Data - making best use of data (measuring progress and to further understand inequalities people are facing).
- Supplementing data to hear lived experience of inequality from our residents.

NHS Planning Guidance for Q1/Q2 21/22 includes a requirement for systems to tackle inequalities with a focus on 20% most deprived neighbourhoods. Alongside this commitment, there were specific priorities in the Planning Guidance

Across NCL there is a wide variation in deprivation across and within the Boroughs, varying from Haringey and Islington which are both 25%+ above (i.e. more deprived) than the London average, to Barnet that is 25%+ more affluent than this average.

This variation in neighbourhood-based deprivation is known to result in differential health and social outcomes for residents across NCL and within individual Boroughs. It is therefore clear that the purpose of the Planning Guidance suggesting we use deprivation as the driver of the majority of our investment is clear as it will also drive improvements in health outcomes.

These differences in health outcomes between deprived and affluent neighbourhoods translates into greater demand from the former for public-sector funded long-term care and crisis-led services, such as non-elective admissions to secondary care. This need to manage these (often more intensive and costly) crises means less funding available for proactive and preventative services to avoid these crises in these more deprived communities.

Through focusing on the 4 wards that are in the NCL 20% most deprived we want to work at a hyper local level to target interventions. This builds on work we have been doing for some years now in working with the community to develop health and wellbeing solutions that will work for them – this started on the New River Green estate and has extended to other estates identified as in priority need.

In addition to the work under Fairer Together, the ICS at NCL level has a key work programme for addressing health inequalities. This has resulted in the following three interventions being funded to address health inequalities within the borough

- Early Prevention Programme – Black Males & Mental Health. This supports 3 programmes; Early Intervention - Becoming a Man (BAM.) – a group based CBT intervention, in 2 secondary schools; Crisis prevention intervention - This intervention adopts community psychology approaches to deliver mental health first aid training and an introduction to trauma informed thinking to local barbers, community leaders, religious groups and colleagues etc. This includes outreach through Peer Coaches and Youth Mentors, targeted at young black men/adults; Whole system training - delivering culturally competent training to front line practitioners, schools ensuring they understand the intersectional experiences of race, class and gender in context of trauma, structural racism and systemic inequalities.
- The Islington Respiratory Wellness Programme; Partners will develop a programme that supports this cohort to: Engage with assessment and treatment of their LTC's and develop their capacity to self-manage; Identify personal goals for an improved quality of life; Address areas of concern including housing, benefits, social isolation; Link with local community and voluntary organisations; Work will include: case-finding, training, personalised care planning, assessment and treatment, follow-up.
- Reducing inequalities through systematically embedding a population health management approach; Using organisational development methods, enable care teams in the four most deprived wards to work together to use the PHM data to identify areas for delivery of existing evidence-based interventions.