



**Report of: Corporate Director of Housing and Adult Social Services**

<b>Health and Wellbeing Board</b>	<b>Date: 26 April 2017</b>	<b>Ward(s): All</b>
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**SUBJECT: Better Care Fund: 2016/17 review of achievements and 2017/19 planning requirements**

## 1. Synopsis

- 1.1 The Better Care Fund is the only nationally mandated integration policy across health and social care. The Better Care Fund was first announced as part of the Government's Spending Review in 2013. Since 2015, this fund has acted to enable integration across health and social care.

In Islington, the Better Care Fund has operated as a key enabler for integration. This has included maintaining investment for Adult Social Care into services that benefit health and to protect Adult Social Care services. The Better Care Fund has also facilitated the transformation across health and social care through the Islington Integration Programme to deliver outcomes for local people.

In 2017, the requirements and funding allocations for the Better Care Fund have been developed to reflect the changes in the NHS planning processes and also the pressures across health and social care. The aim of this report is to summarise the implementation journey of 2016/17 and the planning requirements for 2017/19.

## 2. Recommendations

- 2.1 That the achievements of integrated working in 2016/17 are noted including areas of improvement of services.
- 2.2 That the planning principles for 2017/19 are noted and that a further update report is received by the board in October 2017 that includes the final arrangements for Islington for 2017/19.

### 3. Background and 2016/17 Better Care Fund achievements

- 3.1. Announced in 2013, the Better Care Fund has acted to bring together health and social care budgets to enable person centred care. Nationally, in the first two years of the Better Care Fund, the total amount pooled has been £5.3bn (2015/16) and £5.8bn (2016/17).

The aim of the Better Care Fund is to promote joint working between health and social care. It is recognised nationally that there is no one way to integrate care. In Islington, the Better Care Fund has been an extension of the integrated working which is established in the borough. In addition to the Better Care Fund, Islington has over £50 million in pooled budgets across health and social care for adults and children.

Islington has utilised the Better Care Fund to further enable and support the joint work in progress through the Integrated Care Programme. The Better Care Fund priorities locally are:

- Locality Offer across community, social care and mental health services to support primary care capacity;
- Enhancing primary care capacity;
- IT and inter-operability to ensure patient information can be shared across integrated services and along care pathways;
- To meet demographic pressures in social care, and across health and care services for older people and people with learning disabilities;
- To maintain social care eligibility;
- To incentivise providers to support integrated care.

- 3.2 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 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.

Evaluation of service user experience completed by Healthwatch through interviews indicated that service users experienced coordinated care.

- **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.
- **Development of improved models of community based rapid response services:**  
Islington health and care is working with Haringey health and care to further develop and align models of care for community based rapid response services. The ambition is to offer an urgent response to people in the community within 2 hours in a consistent way for people who are at risk of attending hospital and do not require an ambulance. This development forms part of wider programme of work to improve intermediate care services.
- **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 children's) 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.

Appendix 1 shows the Islington performance against the nationally set whole systems metrics for the Better Care Fund. These metrics on the whole show that Islington performed near to or better than projections once demographic growth were accounted for across the system. Islington performs better than similar boroughs for these metrics.

These local achievements will be shared with wider partners through the Wellbeing Programme and the Sustainability and Transformation Plan throughout 2017/18.

#### 4. Planning requirements for 2017/19

For 2017/19, there are a number of changes to the arrangements for the Better Care Fund. These developments are to ensure alignment to the NHS planning processes and to reflect social care funding arrangements. A summary of these key changes are set out below:

##### a. Two year planning horizon and alignment to the Sustainability and Transformation Plan:

The Better Care Fund plan is now to be set over two years to align to NHS planning processes which have changed through the introduction of Sustainability and Transformation Plans. The Better Care Fund now also includes a requirement to ensure that financial planning and direction aligns to the local Sustainability and Transformation Plan.

##### b. Refinement of reporting requirements:

The 2017/19 Better Care Fund has been refined to reduce the number of national reporting requirements from 8 to 4. The planning guidance states that the conditions are now:

- Plans jointly agreed
- NHS contribution to adult social care is maintained in line with inflation
- Agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care
- Managing transfers of care (this is a new condition to ensure people's care transfers smoothly between services and settings)

Beyond these conditions, local areas have flexibility on how the Fund is used but need to agree how the fund will improve performance in Delayed Transfers of Care, Non Elective Emergency Admissions, admissions into residential and care homes and effectiveness of reablement.

### **c. Introduction of the Improved Better Care Fund:**

The main change to the fund is the Improved Better Care Fund which includes local authority social care grant funding. This comes from two sources: the Adult Social Care Precept (funded through local council tax) and the additional funding announced through the Spring Budget. The Spring Budget includes an allocation over 3 years and will be provided directly to councils via a Section 31 grant.

The planning guidance advises that this funding does not replace the NHS minimum contribution for Adult Social Care. The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. The Improved Better Care Fund arrangements will need to be agreed locally. The government has set out broad conditions on the use of these monies.

- The grant is to be spent on Adult Social Care and used for the purposes of meeting Adult Social Care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.
- The local authority must:
  - pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;
  - work with the relevant Clinical Commissioning Group(s) and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
  - provide quarterly reports as required by the Secretary of State.

Final technical guidance will be released from central government to further define the requirements for the Improved Better Care Fund which will enable Islington to finalise local plans in conjunction with Islington Clinical Commissioning Group.

### **d. Opportunity to 'Graduate' from the Better Care Fund:**

The Government has set out an ambition that all areas will be able to work towards graduation from the Better Care Fund. This is to allow local determination and devolution where local systems are at appropriate maturity to act without central programme management. In 2017/18, a number of areas (6-10) will test the graduation process before this is offered more widely to other areas.

To finalise the planning for 2017/19, Islington Council and Islington Clinical Commissioning Group will work in partnership to develop detailed plans following the final release of planning guidance from the Government. A follow up report will capture this information for the October meeting of the Islington Health and Wellbeing Board.

## **5. Implications**

### **Financial Implications:**

- 5.1 The Better Care Fund for 2015/16 pooled budget between Islington Clinical Commissioning Group and Islington Council was £18.388m. In 2016/17 this was increased to £18.410m. This includes funding streams such as the Disabled Facility Grant of £1.318m which is an existing national scheme providing home adaptations to support independent living.

## Financial Arrangements for 2016/17

Scheme Name	Financial Amount
16.01 Protection of Adult Social Services	£7,732,000
16.02 Reablement	£1,200,000
16.03 Carers	£246,000
16.04 Care Act	£663,000
16.06 Risk Pool	£1,200,000
16.07 IT	£600,000
16.08 Out of Hospital Services	£5,452,000
16.09 Disabled facilities Grant	£1,318,000
<b>Total</b>	<b>£18,411,000</b>

For the next planning phase for the Better Care Fund 2017/19, the financial implications as set nationally are captured below. This includes the existing allocations for the Better Care Fund and the increased through the Improved Better Care Fund. The utilisation of these funds for specific schemes will be refined following the release of further technical planning guidance. Due to the late allocation and policy guidance from central government, the 2017/18 allocation of funding is indicative and may be subject to change.

	2017-18 £m	2018-19 £m	2019-20 £m
Minimum fund contribution for Better Care Fund	17.09	17.40	17.73
Disabled Facilities Grant (*subject to inflation)	1.318*	1.318*	1.318*
Council Tax Precept	2.20	TBC	0
Original Improved Better Care Fund	1.30	5.20	4.50
Additional ASC Funding announced in spring 2017 Budget (One-off Funding)	6.07	3.70	1.83

### Legal Implications:

- 5.2 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.

### Environmental Implications

- 5.3 The Better Care fund work has some minor environmental implications; the extended evening and weekend hours by staff will result in an increase in energy usage, whilst a new rapid response service will result in extra journeys, contributing towards emissions and congestion. However, the digitisation of care records will reduce the need for physical paper copies and will enable remote working

### Resident Impact Assessment:

- 5.4 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. No specific RIA has been carried out in relation to this report; impacts on residents will be assessed in relation to specific schemes.

## 6. Reasons for the recommendations:

- 6.1 The Health and Wellbeing Board is asked to note the joint work across health and care services in Islington to develop integrated care for local people through the Better Care Fund, note the performance against plan assumptions.

### Signed by:



18 April 2017

Corporate Director of Housing and Adult Social Services

Date

### Appendices

- Appendix 1 – Performance for Better Care Fund Metrics

**Background papers:** None

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**APPENDIX 1**  
**Performance for Better Care Fund Metrics**

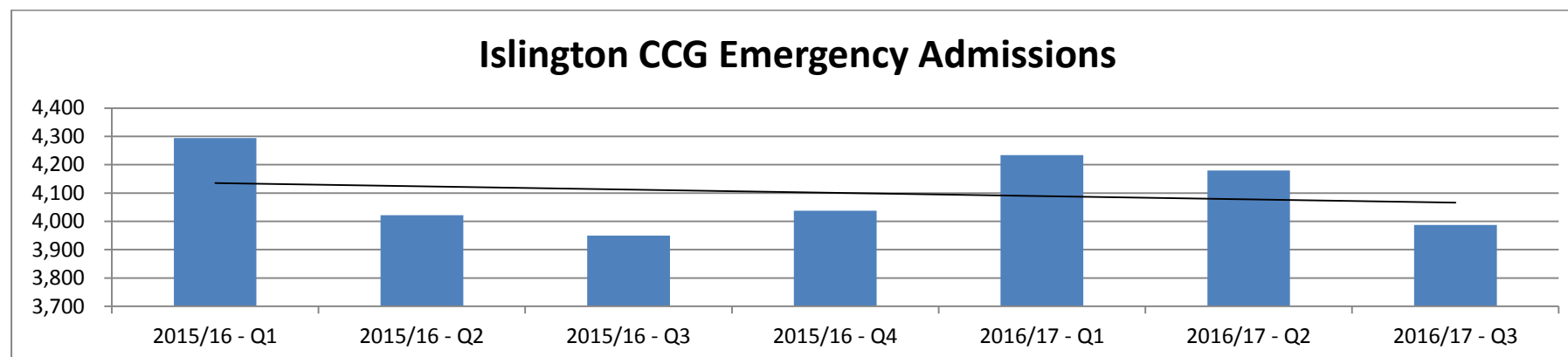
Objective	PI No.	Indicator	Frequency	Estimated Year End Total	Target 2016-17	On/Off target	Same period last year	Better than last year?	Comments
<i>Support older and disabled adults to live independently</i>	ASC1	Delayed transfers of care (delayed days) from hospital per 100,000 population aged 18+	Q	<b>783.2</b>	685.8	<b>Off</b>	540.8	<b>No</b>	<p>The current performance for Delayed Transfers of Care is not in line with the target. There is evidence that this is due to greater acuity of need especially with an aging population and demographic growth. This trend is borne out by national data from August 2010 to January 2017 (source – NHS England), which shows a steady increase in delays year on year</p> <p>The main reason for delays in Islington are due to limitations in access to further NHS services and delays in setting up nursing or residential care packages. Delayed Transfers of Care are closely monitored by managers at all levels both within health and social care with actions developed and monitored.</p>
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	Q	<b>91.4%</b>	92%	<b>Off</b>	89%	<b>Yes</b>	<p>Anticipated end of year performance is 91.4% which is slightly below target.</p> <p>Islington's performance in comparison with other areas has been above average and, while benchmarking data will not be available until Autumn 2017, it's anticipated that performance will continue to be above average when compared to similar authorities.</p>

<p><i>Support those who are no longer able to live independently</i></p>	<p>ASC4</p>	<p>Number of new permanent admissions to residential and nursing care</p>	<p>M</p>	<p><b>139</b></p>	<p>105</p>	<p><b>Off</b></p>	<p>133</p>	<p><b>No</b></p>	<p>The number of nursing and residential admissions is estimated to have increased this year compared with 2016/17, from 133 to 139. The target of 105 admissions for 2016/17 was based on an outdated methodology which did not account for all nursing and residential admissions during the year. Therefore, the target was unrealistically low.</p> <p>Population projections indicate an increase in those aged 85 and over from 2300 in 2015 to 3000 in 2025, which has the potential to cause additional pressures on services during the next ten years. Currently, around 50% of older adults admitted to permanent nursing and residential care are aged 85 and over. To address these demographic pressures, new processes have been developed and work is ongoing between health and social care to ensure that patients are discharged back to their own home. These measures include improvements to the intermediate care pathway.</p>
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Reporting source: London Borough of Islington



## Performance for Better Care Fund Metrics



FiscalYear	FiscalQuarter	Activity
2015/16	Q1	4,294
2015/16	Q2	4,022
2015/16	Q3	3,950
2015/16	Q4	4,037
2016/17	Q1	4,234
2016/17	Q2	4,180
2016/17	Q3	3,987

### Comments

The number of emergency admissions for 2016/17 (Q1-Q3) is 12 401 in comparison to 12 226 for 2015/16 (Q1-Q3). This performance is better than the target set at 14 057 for 2016/17 (Q1-Q3). The target is higher than the previous year's performance as demographic and non-demographic growth is included. This indicates that less people were admitted to hospital than expected.

Reporting source: Islington Clinical Commissioning Group