

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

Health and Wellbeing Board	Date: 14th December 2021	Ward(s): All
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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**

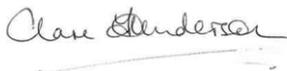
- 5.1 The Health and Wellbeing Board is asked to note and approve the BCF plan for Islington for 2021/22.

Signed by:



Dan Windross
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Date 03/12/21



Clare Henderson
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Date 08/12/2021

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