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.