

<b>Date:</b>	20 March 2018
<b>Classification:</b>	General Release
<b>Title:</b>	Better Care Fund Programme 2017-19: Progress Monitoring Report
<b>Report of:</b>	Bi-Borough Executive Director of Adult Social Care, Managing Director Central London CCG Managing Director West London CCG
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Health and Care Integration
<b>Financial Summary:</b>	Contained in report
<b>Report Author and Contact Details:</b>	Dylan Champion <a href="mailto:dchampion@westminster.gov.uk">dchampion@westminster.gov.uk</a>

## 1. Executive Summary

- 1.1 This report outlines progress on the Better Care Fund (BCF) Plan for 2017-19. Delivery of the BCF is an important mechanism by which the Health and Wellbeing Board fulfils its statutory duty to promote integrated ways of working and deliver a sustainable health and care system that is fit for the future.

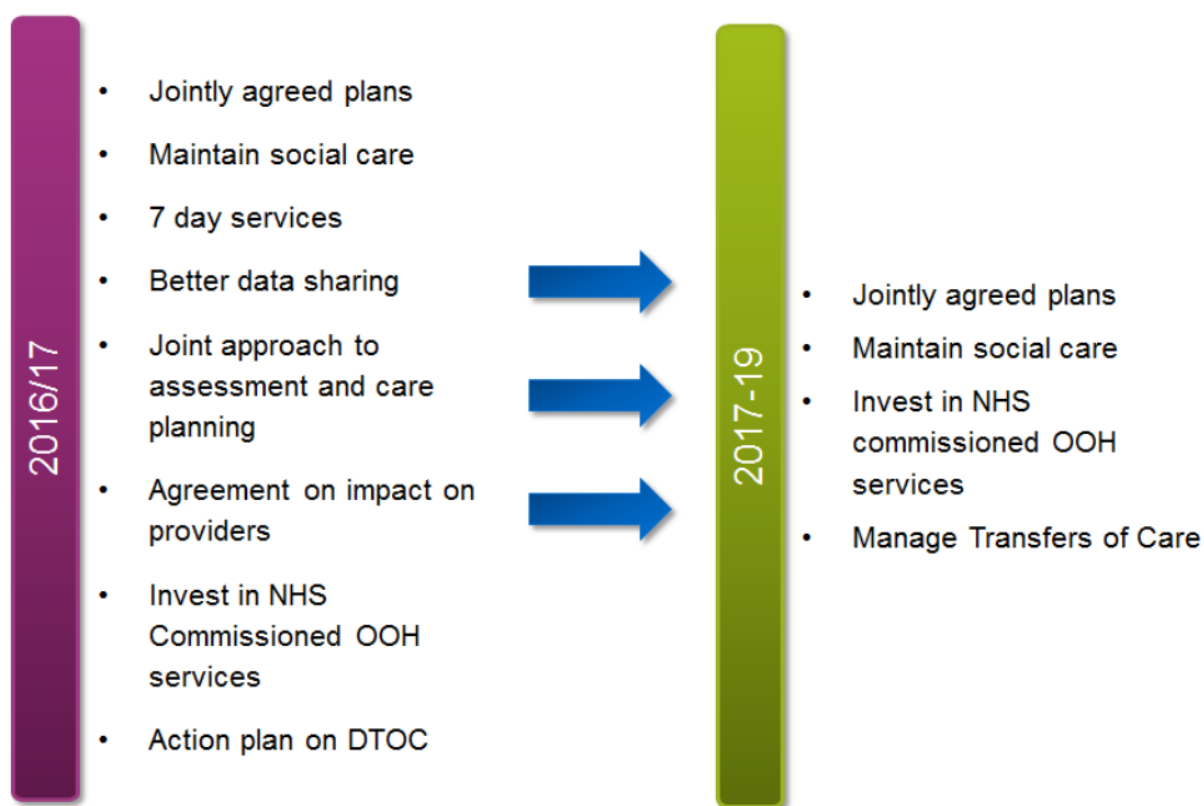
## 2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is asked to note the progress and information contained in this report.

## 3. Background

- 3.1 The Better Care Fund Initiative is intended to promote integration and support Health and Wellbeing Boards in working together to achieve better health and social care integration by 2020.

- 3.2 The Policy Framework for the BCF has been developed by the Department of Health, Department for Communities and Local Government, Local Government Association, Association of Directors of Adult Social Services and NHS England and covers two financial years (2017-19) to align with NHS planning timetables and to give areas the opportunity to plan more strategically in the lead up to integration by 2020.
- 3.3 The Government's Policy Framework was published on 31 March 2017 (originally expected in November 2016) and the Integration and Better Care Fund Planning Requirements and allocations were published on 4 July 2017. As a result, Integration and Better Care Fund Plans for the period 2017-2019 was submitted in September 2017 and therefore this report is the first monitoring report since its submission.
- 3.4 The key national priorities for the Better Care Fund Plan are set out in the diagram below.



- 3.5 The Integration and Better Care Fund Plan for 17-19 plan is a joint plan for Hammersmith & Fulham Council, the Royal Borough of Kensington & Chelsea, Westminster City Council and the Clinical Commissioning Groups for Central London, West London and Hammersmith & Fulham.

#### **4. Progress in 2017/18**

- 4.1 The 2017-19 plan summarised our collaboration and proposed actions to take forward the Integration and Better Care Fund ambitions over the two years to 2019.
- 4.2 Following formal assurance of our BCF on 27th October 2017, we have continued to move forward with our two-year integration and BCF plan and the agreed schemes to support achievement of our combined ambition. Significant progress has been made in a number of key areas.
- 4.3 The Community Independence Service (CIS) continues to be a priority across the three HWB areas to increase integration and deliver high quality integrated care as well as improved efficiency. The CIS has played a key part in contributing to the continued good performance in preventing non-elective admissions and minimising delayed transfers of care. Since October consideration has been given to future commissioning options for the CIS as the existing contract expires in Summer 2018. In addition, as the focus in all three Health and Wellbeing areas shifts towards establishing more Integrated Care, further consideration is now being given to the future operating model for the CIS. Potential options are being reviewed and will be subject to formal governance before a final decision is made.
- 4.4 Under our Integrated Commissioning scheme, we have completed a review to ensure that pooled budgets under our S75 agreements result in improved value for money and efficiency. This stocktake, and review will ensure that all contracts and placements align with our agreed strategic direction and are still relevant. This piece of work is supported by a joint transformation pot across our Health and Wellbeing Board areas. The results of the stocktake will inform plans for efficiencies in 2018/19.
- 4.5 The Improved Better Care Fund (iBCF), which was jointly, agreed as part of the grant conditions is actively being utilised to support achievement against the BCF plan. We are currently mobilising additional resource and capacity to support discharge and to reduce Delayed Transfers of Care (DToC). This is imperative, as our acute settings are at capacity due to the winter period.
- 4.6 In November 2017, Central London CCG presented to the Health and Wellbeing Board the Integrated and Accountable Care Strategy. This was endorsed by the Board and sets out a more detailed route map and rationale for achieving integrated care by 2020. Since then a Westminster Partnership Board has been established to take this work forward and this work continues. Discussions have continued about the benefits of developing and agreeing a single integrated care model across Westminster and Kensington and Chelsea, which amongst other

things would ensure that residents in Queens Park and Paddington would receive a service similar to that received by residents in the south of the borough.

- 4.7 Work has also taken place to improve joint commissioning arrangements for Learning Disability and Mental Health Services. This work will continue and more information about these will be provided in the next BCF update.
- 4.8 New arrangements for a seven-day per week Hospital Social Work Team were put in place in January 2017 at no additional cost. Instead of having a separate team to deal with weekend discharges, the week day teams' roles and functions have been extended to cover 7 days a week. Local team managers will manage work over 7 days and will have oversight of all cases, to create consistency and continuity.
- 4.9 A project post has been established to focus on our prevention, personalisation, self-care & community assets. A joint approach is being explored to coordinate our respective investments to achieve better outcomes and support plans to develop and promote personalisation and integrated care.

## 5. Legal Implications

- 5.1 Under the Health and Social Care Act 2012, the Health and Wellbeing Board has a duty to ensure that providers of health and social care services are working in an integrated manner. Section 3 of the Care Act reinforces this duty. Local Authorities are under a duty to carry out its care and support functions in a way that promotes integrating services with those of the NHS or other health-related service. The Better Care Programme as outlined in this report discharges those duties.

## 6. Financial Implications

- 6.1 A key aspect of the Integration and Better Care Fund Plan is the allocation of resources to support the delivery of the plan. For 2017/18 the Integrated Better Care Plan included a joint budget of £73.908m.
- 6.2 This is split into the following services:

Services commissioned directly by Health:	£13.647m
Section 75 Health funded services commissioned by the LA:	£15.025m
Funding by Health to protect social care services:	£ 8.086m
Funding by Health for 7 day working (System Resilience)	£ 0.320m
Funding by LA on aligned budgets:	£28.109m
Improved Better care fund programme:	£ 8.721m
<b>Total jointly agreed budget:</b>	<b>£73.908m</b>

- 6.3 In accordance with national guidelines the Council will receive a transfer of funds from West London & Central London CCG of £8,086,075 to support the delivery of social care outcomes in year one. there is a requirement for the CCG minimum to increase by 1.9% in 18/190%.
- 6.4 Agreement of the Better Care Fund plan has resulted in the continued operation of a pooled or Section 75 Budget in order to enable the continued joint funding of health and social care priorities. Within the Section 75 Agreements there is an explicit agreement that each organisation will be responsible for the effective delivery of their commissioned services. The final expenditure will be met by the organisation responsible for the customer/patient as per the agreed risk protocol outlined in the BCF Plan. Where efficiency savings are not delivered then this financial liability will rest with the relevant organisation responsible for the customer/patient.
- 6.5 The quarter 3 BCF monitor is showing a net overspend of £0.8m (1.0% of total budget). The main reasons for this variance are the projected overspends in relation to LD and MH placement costs and target QIPP savings not being achieved.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact:**

**Dylan Champion, Head of Health Partnerships**

**Email: [dchampion@westminster.gov.uk](mailto:dchampion@westminster.gov.uk)**

**APPENDICES:**

None

**BACKGROUND PAPERS:**

None