

London Borough of Hammersmith & Fulham

Report to: Health and Wellbeing Board

Date: 24/03/2021

Subject: Better Care Fund

Report of: Lisa Redfern

Responsible Director: Strategic Director for Social Care

Summary

The Better Care Fund paper setting out the proposal for the London Borough of Hammersmith & Fulham (H&F) and the H&F Clinical Commissioning Group (CCG). This will form part of the submission to NHSE in April 2021.

Wards Affected: All

1 EXECUTIVE SUMMARY

- 1.1 In accordance with the statutory duties and powers given to the Health and Wellbeing Board (HWB) by the Health and Social Care Act 2012, the Board's Terms of Reference in Hammersmith & Fulham Council's constitution include overseeing the development and use of the Better Care Fund by the Council and the H&F Clinical Commissioning Group (CCG).
- 1.2 For clarity, the Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital. Residents that do require admission to hospital are supported to get home as soon as they are well.
- 1.3 The Board is asked to review, comment on and endorse the draft Better Care Fund guidance and local proposal.¹
- 1.4 This paper supports the development of the submission to NHS England on how we plan to pool our monies to support joint working over the forthcoming year. The submission is a template submission that has mandated fields for completion by both the CCG and Council. The paper below sets out our

¹ BCF Grant Guidance can be found at <https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to2021>

approach, areas where we will work jointly, and the governance arrangements to monitor the delivery of the plan in year.

- 1.5 Both H&F Council and H&F CCG have committed to completing the template in accordance with the Better Care Fund planning guidance.

2 RECOMENDATIONS

- 2.1 That Cllr Coleman, on behalf of the Health & Wellbeing Board, agrees the planned total expenditure and the proposed schemes for 2020-21.
- 2.2 That the HWB receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

Sign-off template which will be used for NHSE submission

Local Authority	London Borough of Hammersmith & Fulham
Clinical Commissioning Groups	Hammersmith and Fulham Clinical Commissioning Group
Date to be agreed at Councillors Members Board:	9th February 2021
Date submitted:	February 2021
<i>Minimum required value of CCG contribution to BCF pooled budget: 2020/21</i>	£14,657,325
Agreed value of CCG contribution to BCF pooled budget 2020/21	£31,135,151
Agreed value of LA contribution to BCF pooled budget 2020/21	£17,875,111
Total proposed value of pooled budget 2020/21	£49,010,262

a) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	
By	Dr James Cavanagh
Position	Chair
Date	February 2021
Signed on behalf of the Council	
By	Lisa Redfern
Position	Strategic Director for Social Care
Date	9th February 2021
By Chair of Health and Wellbeing Board	Councillor Ben Coleman Cabinet Member for Health and Adult Social

	Care
Date	9 th February 2021

Appendix 1

Better Care Fund proposal - Hammersmith & Fulham

1. Introduction

- 1.1 This is the third-year plan for the Better Care Fund as a sovereign council and CCG. A sovereign plan will provide greater clarity for residents of the borough as to what they can expect from the pooling of our resources.
- 1.2 The following programmes of work are partially in place and are undergoing further development and focus to March 2021 to support delivery of the requirements as set out in the BCF guidance.
- 1.3 The four national conditions set by government in the Policy Statement are:
- Plans covering all mandatory funding contributions have been agreed by HWB areas as are minimum contributions.
 - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
 - Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
 - CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.
- 1.4 In previous years, the system has been monitored using the following metrics:
- Non elective admissions (specifically acute)
 - Admissions to residential and care homes
 - Effectiveness of reablement.
- However, for 20/21 the national BCF team have confirmed that systems will not be monitored on metrics and therefore are not required to report on these.
- 1.5 The joint working described in this report is reflected in the allocation of spend within the BCF and will be reflected in a new Better Care Fund Section 75 Agreement which records the formal commitments of partners. Areas of funding that are currently joint but in transition back to commissioning organisations will continue to form part of the section 75 but will clearly set out commissioning responsibilities and timelines to repatriate services where appropriate and agreed.

2. Our Aims and approach

2.1 The aims of the BCF programme for this coming year is to build on existing work and continue to focus on system benefits for the medium and long term. Our aim through all work streams is to deliver:

- Learning from waves 1 and 2 of the Covid pandemic, working together
- Patient-centred care improving outcomes for patients
- Integrated work for social care and mental health services locally
- Efficient use of resources across the system
- Reduced duplication of effort and contacts of residents
- Continued working together to support clinically extremely vulnerable residents
- A programme approach to supporting residents who find themselves in need of financial support and subsequently additional mental health support.

2.2 The health and social care system, which consists of Social Care, community Health, mental Health trusts, Clinical commissioning groups, primary care networks and Acute hospital trusts. They are working through the Integrated Care partnership and Accident and Emergency Delivery Board to identify areas that will impact on non-elective admissions, reducing length of stay. The work streams are currently focused on:

- Extended Length of Stay – supporting the Trust to reduce the length of stay of patients to below 21 days, where possible
- Discharge to Assess pathways for all patients (more detail below)
- NHS Continuing Health Care (CHC) assessments – completing and updating CHC assessments and decision for residents who have been discharged during the peaks of infection rates to care homes.

2.3 Our focus on the Discharge to Assess pathways continues to ensure patients are discharged in a timely way and supported by the appropriate packages of support in their own home.

2.4 To reduce delayed transfers of care and achieve the Extended Length of Stay trajectory, work has continued and pathways have been tested and amended as appropriate. The aim of the programme continues to be to ensure that:

- Patients are involved in planning for their discharge
- Where possible patients are supported to be discharged home to have assessments for ongoing care in their own home.
- The expectation is a reduction in care home placements.

2.5 The principles for commissioning discharge to assess pathways are as follows:

- Patients need to be registered with a GP and live within the agreed borough area
- Integrated health and social care pathway - effective and efficient use of resources, where home is the default
- Single pathway and single referral process for all patients going home, regardless of complexity
- Assessments for long-term care are not completed in hospital
- Support independent living with the resident and co-produced care plans
- Aligned budget – health and social care contributions
- Care and settings for provision of need will be determined based on them being both clinically appropriate and proportionate to clinical need
- Need oversight of patients through the pathway to ensure assessments and decisions are made in a timely way – especially re: on-going requirement for overnight care. Close co-ordination with primary care to facilitate discharge
- Assessment process is time limited and decisions made re: on-going needs within 14 days
- Access to rehabilitation and an enabling approach to care, including access to technology
- Timely handover between teams, to avoid delay.

2.6 H&F is also focused on being a compassionate community. Throughout the pandemic, we have worked alongside the Primary Care Networks (PCN) as a multi-disciplinary team, supporting vulnerable people in our communities. We will continue to build on this, making specific reference to:

- BAME communities and engagement in relation to immunisations and vaccinations
- Working age families who are now unable to maintain financial independence through worklessness and subsequent impacts on health and well-being
- Residents who are clinically vulnerable - promoting health and wellbeing programmes to encourage people to get back to ordinary life.

3. Grant funding and pooling arrangements in the BCF plans

3.1 The guidance sets out clearly that the Disability Facilities Grant (DFG), Improved Better Care Fund (iBCF) and Winter Pressures grant monies continue to be included in the BCF pooled fund this year. This is under Section 31 of the Local Government Act 2003. The conditions of these grants are set out in the guidance and in the H&F submission there will need to be clear reference as to how these funds are committed and agreed with health partners.

3.2 iBCF

3.2.1 The Grant Determination issued in April 2020 sets out that the purposes will replicate those from 17-19 and therefore the funding is used for:

- Meeting adult social care needs
- Reducing pressure on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring local social care provider market is supported.

3.2.2 The grant conditions for the iBCF also require the local authority to pool the grant funding into the local BCF and report as required.

3.2.3 iBCF funding can be allocated across any or all of the three purposes of the grant in a way that local authorities, working with the CCG, determine best meet local needs and pressures. No fixed proportion needs to be allocated across each of the three purposes. The funding does not need to be directed to funding the changes in the High Impact Change Model (HICM). This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.

3.2.4 Since April 2018, reporting on the iBCF has been incorporated into the main BCF reports and this will continue for 2020/21.

3.3 Winter Pressures Funding

3.3.1 The grant determination for Winter Pressures was issued in April 2020. In 2021, the Grant Determination sets a condition that this funding must be pooled into BCF plans. The grant conditions also require that the grant is used to support the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures. This includes interventions that support people to be discharged from hospital who would otherwise be delayed, with the appropriate social care support in place, and which helps promote people's independence. This funding does not replace, and must not be offset against, the minimum contribution to adult social care.

3.3.2 Each BCF plan should set out the agreed approach to use of winter pressures grant, including how the funding will be utilised to ensure capacity is available in the winter to support safe discharge and admissions avoidance. The BCF process will ensure the use of this money has been agreed by plan signatories and the HWB, confirmed in the planning template.

3.4 Disabled Facilities Grant (DFG)

- 3.4.1 The DFG continues to be allocated through BCF. There should be consideration given to the use of home adaptations, the use of technologies to support people living independently in their own homes for longer and taking a joined up approach to improving outcomes across health, housing and social care.
- 3.4.2 Expenditure details will be set out in the planning template showing the level of resource that will be dedicated to the delivery of these activities. Reablement and other support to help people stay in their own homes or return home from hospital with support remain important outcomes for integrations and match priorities set out in the NHS Long Term Plan.

4. Governance arrangements for BCF

- 4.1 H&F Council and CCG will need to agree an appropriate level of governance to manage the operational day-to-day delivery against the BCF.
- 4.2 The organisations will require an operational officer group including Finance that meets monthly to look at the metrics and performance against these and conditions of the BCF. For 2020-21, due to Covid-19 and the consequent delay in the publication of the planning template, the BCF submission will be made to NHSE&I at year end and the outturn will be reported formally at the first scheduled meeting of the HWB following the closure of the 2021 accounts.

5. Financial and Resources Management

- 5.1 The Better Care Fund joint budget for 2020/21 is proposed as £49,010,262. This is an increase in investment from 2019-20 of £1,772,343 or 3.75%.

Lead Commissioner	Budget Description	Amount £	Total £
CCG	Community Services & Learning Disabilities Care	18,661,871	
CCG	CCG Investment to Protect ASC	6,785,011	
CCG	Lead Commissioning S75 Services	<u>5,688,269</u>	
Sub total			31,135,151
LA	Improved Better Care Fund	8,814,025	
LA	Winter Pressures	918,381	
LA	Disabled Facilities Grant	1,495,597	
LA	Community Independence Service	631,000	
LA	S75 Commissioned Services	<u>6,016,108</u>	
Sub Total			17,875,111
Grand Total			49,010,262

Within the above resources is the amount of £6,785,011, which is transferred to adult social care to protect front line social care services to meet a condition of the BCF guidance. The minimum amount that the CCG is required to contribute to Adult Social Care in 20/21 is £6,358,445. The main difference between these two figures relates largely to the System Resilience programme which in previous years was classified within the H&F CCG minimum contribution.

5.2 Both organisations continue to face cost pressures which have been risk managed and reviewed through governance processes in year. Respective mitigating actions have been taken to manage these pressures. With respect to the S75 Lead Commissioned Budgets, the CCG have confirmed that if they over perform, they will reimburse the Council for the over-performance.