

Integration and Better Care Fund

Better Care Fund Plan for 2017/19

Updated Narrative Plan 17/19

Local Authorities

City of Westminster (WCC)

London Borough of Hammersmith & Fulham (LBHF)

Royal Borough of Kensington & Chelsea (RBKC)

Clinical Commissioning Groups

Central London Clinical Commissioning Group (CLCCG)

Hammersmith & Fulham Clinical Commissioning Group HFCCG)

West London Clinical Commissioning Group (WLCCG)

Date agreed at Health and Wellbeing Boards:

Original plan agreed 24.03.2014, 2nd revised plan agreed 19.09.2016

Integration & BCF Plan 2017-19 agreed 11th September 2017

Contents

Updated Narrative Plan 17/19	1
1. Introduction / Foreword	3
2. What is the local vision and approach for health and social care integration?	4
3. Background and context to the plan.....	8
4. Integration and BCF Progress to date	10
5. Evidence base and local priorities to support plan for integration	13
6. Outline of Better Care Fund Plan 17-19	15
7. Risks relating to the Integration and BCF Plan 2017-19.....	19
8. National Conditions	21
9. Overview of funding contributions.....	24
10. BCF Programme Governance.....	25
11. BCF National Metrics.....	26
12. Approval and sign off for the 17-19 Integration and BCF Plan	32

1. Introduction / Foreword

This Integration and Better Care Fund (BCF) narrative document for the 17-19 plan provides an updated summary to the previously agreed BCF Plans for the three boroughs of Westminster City Council, the Royal Borough of Kensington & Chelsea, Hammersmith & Fulham Council, and the Central London, West London and Hammersmith & Fulham Clinical Commissioning Groups in 15/16 and 16/17. The plan summarises our collaboration and proposed actions to take forward our shared ambitions over the next two years, in 2017-2019.

The aims and principles of the original BCF Plan and the shared ambition remain broadly similar: to deliver the best possible outcomes for residents, and to work as a system towards integrated health and social care by 2020. However the plan has been updated to reflect the changes that have taken place since the last plan was developed and also to highlight the successes and challenges of delivery of our BCF over the past two years in 15/16 and 16/17.

Together, each borough, health commissioners and providers and other local stakeholders continue to work towards realising our ambition and moving towards full integration of our services. Success will enable better, more personalised care to be provided for all of our residents and for scarce resources to be used in the most effective way possible.

This BCF Plan has been requested by the Department of Communities and Local Government and NHS England for assurance purposes. **It has been developed jointly across health and social care taking into account the current strategic priorities and the financial challenges of the six organisations.**

Since the inception of the Better Care Fund pressures on both health and social care have continued to increase and this presents a greater challenge in delivering the required integration and transformation.

The evidence base to support the Case for Change and to support the identification of our agreed BCF schemes was outlined in the agreed 15/16 BCF plan. This evidence and thinking is summarised and updated in this plan.

2. What is the local vision and approach for health and social care integration?

Across the three boroughs our vision for health and social care integration is people centred and focuses on enabling people to be well, keep well and stay well.

- In Westminster, our vision is that “all people in Westminster are enabled to be well, stay well and live well supported by a collaborative and cohesive health and care system”.
- In Hammersmith and Fulham, our vision is for “a people-centred health and social care system that supports communities to stay well, consistently providing the high quality care and support people need when they need it and enabling communities to stay healthy and independent with choice and control over their lives”.
- In Kensington and Chelsea, our vision is “to enable everyone to be as healthy as they can be; to start well, stay well and age well”.

Integration across the health and social care system is a key priority in each borough’s Joint Health and Wellbeing Strategy (JHWS) and this plan has been developed in the light of the new JHWSs which have been developed and agreed in each borough for the period 2017-22.

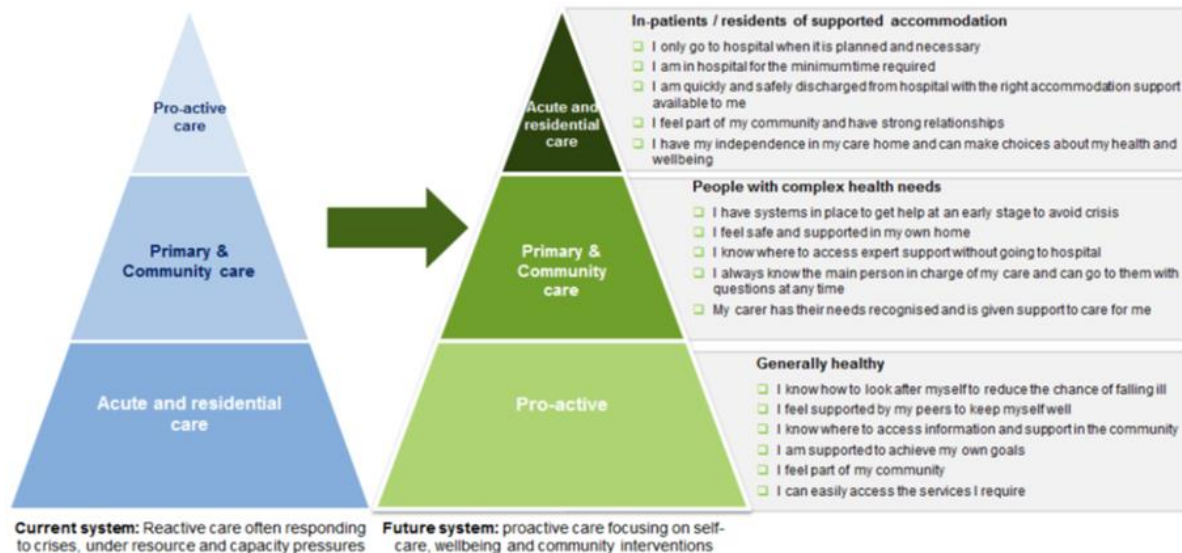
Overall there is commonality across health and social care in terms of our local strategic priorities and we are all committed to ensuring transformational change that benefits our residents. We have synthesised our boroughs’ vision for health and social care into a single shared vision and this is set out in the NWL Sustainability and Transformation Plan (NWL STP).

Hammersmith Council does not support the NWL STP due to proposals to reconfigure acute services in the borough. It remains committed to continuing collaboration on the joint programmes of work as envisaged in STP delivery areas 1 to 4.

We are working toward an integrated health and care system that enables people to live well and be well by: addressing the wider determinants of health, such as employment, housing and social isolation; enabling people to make healthy choices; proactively identifying people at risk of becoming unwell and treating them in the most appropriate, least acute setting possible; and helping people to regain independence whenever possible. Out of hospital commissioned services such as our Community Independence Service help to deliver this ambition. When people do need more specialist care then our aim is to make this available when needed and to ensure that is is consistently high quality with access to senior doctors seven days a week.

The diagram below sets out the systems change we are collectively trying to achieve, from a reactive system where resources are under pressure and concentrated in acute services to a more proactive system based on appropriate self-care, wellbeing and community interventions.

Our vision of how the system will change and how patients will experience care by 2020/21



Key elements of our vision are:

- A focus on prevention and providing better mental health services;
- Personalised and empowering care, tailored around individual needs;
- Integrated, community based health and social care, provided through multi-disciplinary teams, operating within natural communities;
- A focus on supporting people to live safely and happily at home and able to access health services in the community;
- Good enablers: a skilled workforce; high quality and shared estates; effective use of technology; and appropriate data sharing where it makes sense.

2.1 Our approach

Our approach to delivering the vision across the three boroughs is to work collaboratively at all levels to deliver better outcomes for residents and to utilise where possible existing organisational and governance arrangements, legislative requirements and local collaborations.

We are committed to our health and wellbeing priorities, agreed by each boroughs Health and Wellbeing Board and set out in the recently updated Joint Health and Wellbeing Strategies.

Personalised Care: Our STP Vision

1. People have a better experience of care

- Fewer changes in care provider when a person's eligibility for social care or continuing healthcare changes
- Patients will be supported closer to home as commissioners develop joint market management strategies

2. People are cared for in a safe environment and are protected from avoidable harm

- Robust joint health and social care monitoring of care providers
- Safeguarding concerns recognised early through joint health and social care intelligence

3. People know what choices are available to them locally and what they are entitled to

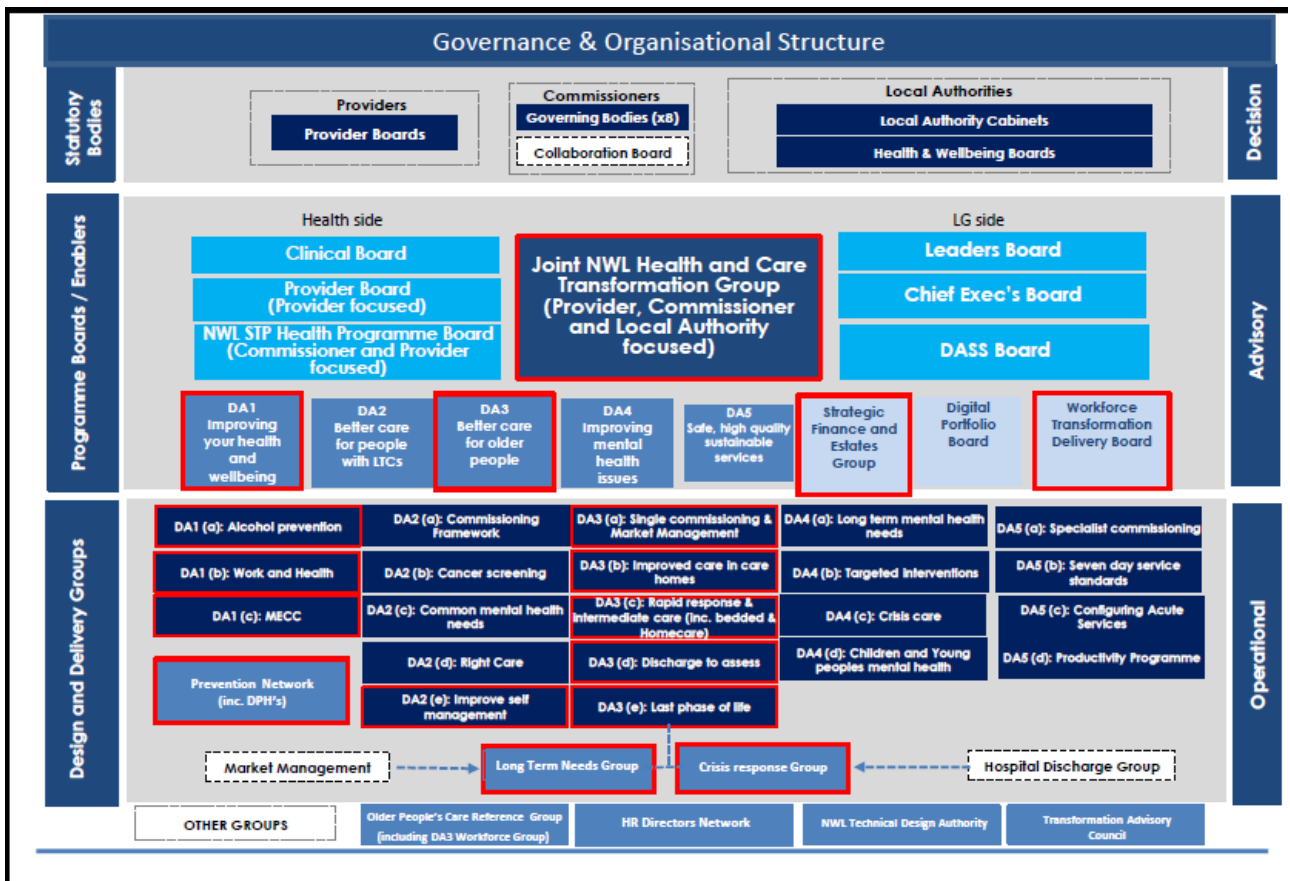
- Focus on personalisation will ensure both health and social care ensure people are in control of what, how and when support is delivered to match their needs

The table below shows how the health and wellbeing priorities align with the aim of improving health and wellbeing, improving care and quality and improving productivity against the STP delivery areas.

The diagram following the table provides an overview of the governance arrangements established to deliver the shared integrated health and social care vision.

As noted, Hammersmith Council does not support the NWL STP due to proposals to reconfigure acute services in the borough. It remains committed to continuing collaboration on the joint programmes of work as envisaged in STP delivery areas 1 to 4.

The triple aim	STP delivery areas	JHWS priority areas	STP Plans
Improving health and wellbeing	DA1 Radically upgrading prevention	PA 5 Radically upgrade prevention and early intervention	a) Enabling and supporting healthier living for the whole population b) Keeping people mentally well and avoiding social isolation c) Helping children get the best start in life
	DA2 Eliminating unwarranted variation and improving LTC management	PA 1 Improving outcomes for children and young people	a) Delivering the Strategic Commissioning Framework and FYFV for Primary Care b) Improve cancer screening to increase early diagnosis c) Better outcomes and support for people d) Reducing variation by focusing on Right Care e) Improve self-management and 'patient activation'
Improving care and quality	DA3 Achieving better outcomes and experiences for older people	PA 2 Reducing the risk factors for and improving the management of long term conditions such as dementia	a) Improve market management and take a whole systems approach to commissioning b) Implement accountable care partnerships c) Upgrade rapid response and intermediate care services d) Create an integrated and consistent transfer of care approach e) Improve care in the last phase of life
	DA4 Improving outcomes for children and adults with mental health needs	PA 3 Improving mental health outcomes through prevention and self-management	a) Implement new models of care for people with serious and long-term mental health needs to improve physical and mental health and increase life expectancy b) Focused interventions for target populations c) Crisis support services d) Implementing Future in Mind
Improving productivity & closing the financial gap	DA5 Ensuring we have a safe, high quality sustainable acute services	PA 4 Creating and leading a sustainable and effective local health and care system	a) Specialised commissioning to improve pathways from primary care and support consolidation of specialised services b) Deliver 7 day service standards c) Reconfigure acute services d) NW London Productivity Programme
	Enablers		a) Estates b) Digital c) Workforce



Our Better Care Fund Plan constitute only part of this wider change programme and more detail about specific schemes within the scope of the BCF are presented in section 6.

Section 10 of this document sets out specific governance arrangements for BCF Projects.

3. Background and context to the plan

This BCF Plan is a jointly agreed plan launched in 15/16. It sets out our ambition to deliver key transformation and integration plans across three boroughs that include six organisations: Central London, West London, Hammersmith and Fulham CCGs and Westminster City Council, Royal Borough Kensington & Chelsea and Hammersmith & Fulham Council.

Community and voluntary sector (CVS) and other partners

As well as being a key priority for commissioning organisations, this plan is also a priority for providers and community sector organisations, who between them play an important part in:

- Delivering services;
- Working with residents to support and promote independence; and
- Providing insight and participating in the co-design of new services.

The CVS has a firm presence across the three boroughs and in the development of the Integration and BCF Plan. CVS representatives also sit on each of the respective Health and Wellbeing Boards.

CVS organisations have played a particularly key role in enabling local populations to have a voice in the planning and monitoring of services locally. This has been achieved through the following initiatives:

- Clear governance structure: a PPE Committee reports directly into each governing body, PPE lay member on the governing body and Patient Reference Group which is made up of local CVS organisations.
- PPE grants have been set up and established over the last three years which enable short funding to the VCS to enable the health and wellbeing of local people.
- CVS are part of co-production models: for example they are part of the design and implementation and delivery phase of key integrated care programmes My Care My Way and Community Living Well.
- Umbrella CVS also host social prescribing schemes across the three boroughs which support the STP agenda in delivery areas 1 to 4 and the five-year forward view.

In particular, Healthwatch have played a key role in supporting and delivering the integrated health and care vision. Since the last BCF submission Healthwatch have undertaken specific reviews of Care Coordination in Westminster and Socially Isolated Older People in Kensington and Chelsea.

Health and social care environment

This updated BCF Plan has been developed within the following context:

- **History of collaboration and joint working.** The BCF Plan 2017-19 has been updated using our experience, maturity and learning developed over the past few years. The BCF plan builds upon the successes and challenges of previous years. We have critically evaluated the BCF schemes that underpin our BCF and moved forward with schemes that will continue our ambition of further integration between Health and Social Care. In the past two years some schemes have delivered the required integration and whilst the services or initiatives continue and are funded accordingly, they are no longer required as part of the BCF programme;
- **Updated Health and Wellbeing Strategies.** Each borough has undertaken an extensive programme of joint working and engagement to refresh and update their Health and Wellbeing strategies (see appendix 1, three documents);
- **North West London Sustainability and Transformation Plan.** Since the last BCF submission, partners have worked collaboratively to develop the North West London STP and are now working together to implement the plan. Hammersmith Council does not support the NWL STP due to proposals to reconfigure acute services in the borough. It remains committed to continuing collaboration on the joint programmes of work as envisaged in STP delivery areas 1 to 4. The BCF is closely aligned to the STP and how we take forward both transformation and integration (see appendix 2);
- **Increasing demographic pressures and complexity of care required.** More information about the specific health and social care needs is presented in section 5. A detailed analysis at borough level is presented in each Joint Strategic Needs Assessment but pressure on the health and social care system continues to grow and without the changes proposed we will be unable to continue to deliver the same outcomes with the resources available (<https://www.jsna.info/online.>);
- **Challenging financial environment.** Across the North West London STP footprint, combined QIPP and CIPP savings of £347.5m have been agreed and an additional savings programme of £70m devised for the financial year 2017/18. In Westminster, since 2011 net spending on social care has reduced by £31.436m; in Kensington and Chelsea, since 2012/13 net spending on social care has reduced by 5%; and in Hammersmith and Fulham, net spending on social care has reduced by 16% since 2011/12;

- **Reconfiguration of three borough partnership.** This process is underway and it is anticipated it will be completed by December 2017, resulting in a new bi-borough partnership between Westminster City Council and the Royal Borough of Kensington & Chelsea and a sovereign arrangement for Hammersmith & Fulham Council.

In 2017-18, Hammersmith & Fulham Council has been moving on from the three borough arrangement to focus more keenly on outcomes for its own residents and enhance residents' satisfaction with the services they receive. It will be maintaining successful collaborations such as the North West London hospital discharge service and the Community Independence Service and will continue to explore options for a single commissioning collaborative. It will also be seeking fresh opportunities for collaboration and partnership to improve outcomes.

- **Grenfell Tower Fire.** Everybody within the three boroughs has been affected by the Grenfell Tower fire on 14 June 2017. The impact of this tragedy has resulted in health and local authority staff across West London CCG and the Royal Borough of Kensington & Chelsea focusing on efforts to ensure that survivors and members of the community affected by the events have been supported. On a positive note it has also resulted in an increased focus and determination across all stakeholders to work together better at a local level to improve outcomes for residents.

4. Integration and BCF progress to date

This Integration and BCF plan is now in its third year. Over the past three years we have continued to learn and develop together as organisations to try and deliver a shared vision.

In 2016/17, good progress was made in translating the shared BCF vision into a strategy and a plan that can be delivered. In particular we have delivered against the following three areas

Strategic

- In each borough we have undertaken an extensive process of collaboration and engagement in order to update and produce Health and Wellbeing Strategies for the period 2017-22. All Strategies have now been considered and adopted by their respective Health and Wellbeing Boards;
- The three boroughs have worked collaboratively with CCGs and local authorities across North West London to devise and agree a Sustainability and Transformation Plan. Hammersmith & Fulham Council does not support the NWL STP due to proposals to reconfigure acute services in the borough. It remains committed to continuing collaboration on the joint programmes of work as envisaged in STP delivery areas 1 to 4. Work is now underway to shift from design to delivery.;
- Within the three CCGs, and across NW London work has begun to consider the benefits of commissioning at scale, and in particular across the whole NW London STP Footprint. This work is at an early stage and will develop further through the remainder of 2017/18.

Better Care Fund Schemes

- Across the three boroughs we have progressed our Customer Journey Adult Social Care Transformation Programme; embedding the changes required because of the Care Act and establishing a more positive, proactive asset based approach to social care which focuses on helping individuals with unmet needs to take control and manage their own independence and wellbeing;
- We have continued to commission and collaborate at a system level where appropriate. In particular, through the BCF process we have established and continue to administer a £100m pooled commissioning budget through a Section 75 Agreement. This incorporates joint mental health, learning disabilities, older people and prevention priorities. We have also established a number of joint commissioning teams;
- We have advanced and developed our whole systems thinking and re-commissioned our Community Independence Service to provide an integrated approach to intermediate care services across the three boroughs. The service is currently working well and user satisfaction is high. We continue to support our ambition to increase Rapid Response Service referrals to reduce non elective admissions;
- There has been delivery and improvement of seven day services for CIS liaison, rapid response, rehabilitation and reablement.
- Operational staff have made good progress towards integration using practical approaches like stronger working networks with colleagues, made

possible from co-location, sharing IT/ clinical information and through work to streamline processes.

- Through the year we have increased our focus on improving the citizen's experience of hospital discharge, establishing clear plans for implementing each element of the high impact change model for improving hospital discharge.
- The three borough Neuro-rehabilitation service across the three boroughs was re-procured and has now moved to business as usual, having delivered the required transformation and is now contract managed by the CCG joint commissioning team.
- Our scheme looking at increasing Personal Health Budgets (PHB) has resulted in health and social care redefining how PHBs are managed and delivered to our residents and is now firmly in place within the CCG Joint Commissioning Team. This scheme has now moved to business as usual.
- IT Integration – over the past few years together we have implemented the NHS number as a single identifier. In addition as part of the CIS we have one Integrated Patient Record (IPR). This has enabled health and social care staff to use one patient record to enable appropriate record sharing and improved patient pathway resulting in improved efficiency across our integrated workforce. This scheme has now moved to business as usual
- Patient Public Engagement – We have worked hard to ensure that the voice of local residents is embedded within the commissioning of services by both local authority and CCG. In particular, the scheme has resulted in:
 - The establishment of a central repository where both individual and collective feedback and experience can be brought together efficiently;
 - Better utilisation of patient experience/feedback insight resource to support commissioners in service redesign/transformation;
 - The establishment of a consistent pathway for CCG and local authority staff to ensure Patient Experience & Patient and Public Engagement are embedded in their work. This scheme has now moved to business as usual

Whole Systems Integrated Care

- In Kensington and Chelsea and North Westminster, over 60 People are now employed in the innovative My Care, My Way programme, involving local GPs, CLCH, voluntary organisations and the local authority, providing case management and preventative support to residents aged 65 and over.
- In Westminster, the CL CCG has recently presented for consultation its draft Primary Care Strategy and a full business case to establish a collaborative care partnership by December 2017;

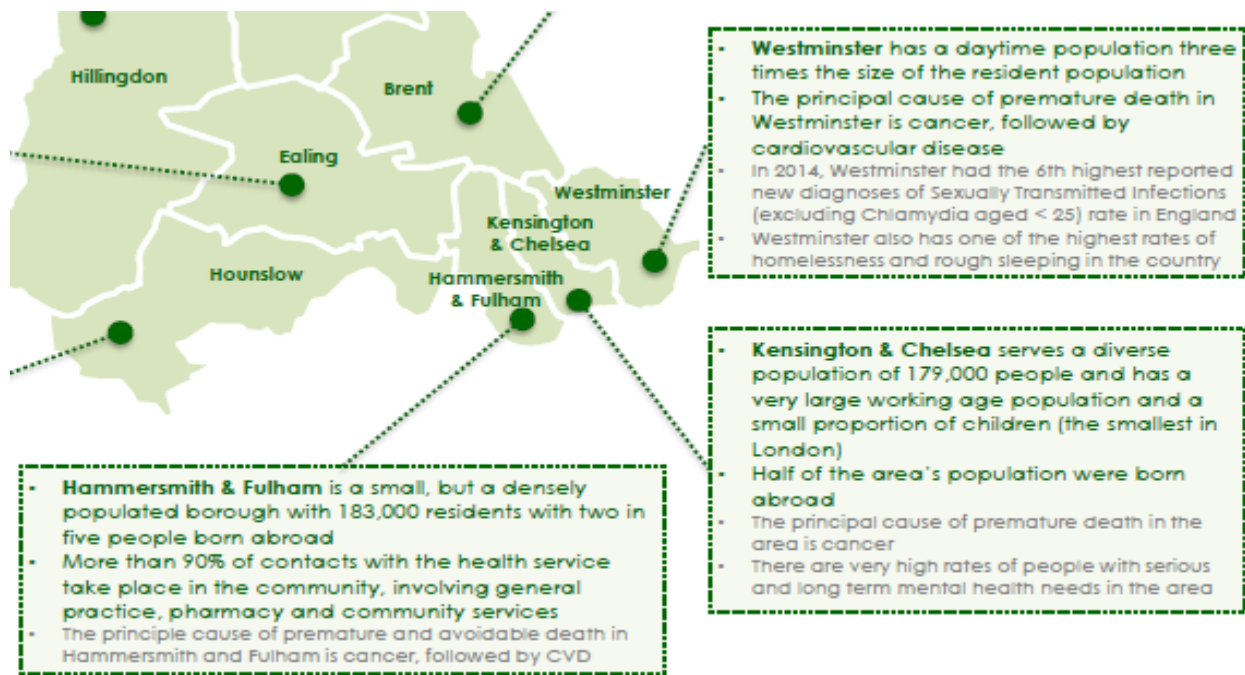
- In Hammersmith and Fulham, the innovative Virtual Ward project continues and a steering group has been operational for over 12 months to develop a wider Integrated Care Partnership; a draft Primary Care Strategy has also been developed and this will be considered by the H&F CCG GB and at the Health and Wellbeing Board meetings in September

5. Evidence base and local priorities to support plan for integration

The previously agreed BCF Plan clearly outlined our evidence base for integrated services and transformational change. Previously submitted and agreed BCF plans in 15/16 and 16/17 clearly outline the evidence base as part of our new plan we have not replicated this but have built upon the agreed approach in the 17-19 BCF Plan. As a result the vision across the three boroughs is founded on a population needs assessment and patient, service user and carer feedback, which has developed over the long-term through a broad spectrum of engagement and consultation.

The development of our evidence base has continued across the three boroughs since our BCF plan was agreed. As part of our ongoing commitment to service redesign and out of hospital services we have continued to engage with our citizens. Our services are founded on co production and ensuring that where possible we deliver services to our populations at the right time in the right setting.

The diagram below provides an overview of key health and social care characteristics across the three boroughs.



In addition to the specific health and social care challenges set out above the key challenge for the health and social care system across the three boroughs is an ageing population. Key challenges for the three boroughs are;

- There is a forecast rise of 13% in the number of people over 65 in NW London from 2015 to 2020. Between 2020 and 2030, this number is forecast to rise again by 32%;
- People aged 65 or over in NW London constitute 13% of the population, but 35% of the cost across the health and care system;
- 24% of people over 65 in NW London live in poverty, and this is expected to increase by 40% by 2030, which contributes to poor health;
- Nearly half of our 65+ population are living alone, increasing the potential for social isolation;
- 42% of non-elective admissions were of people 65 and over;
- 11,688 over 65s have dementia in NW London, a number which is only going to increase; and
- There are very few care homes in the central London boroughs, and the care home sector is struggling to deal with financial and quality challenges, leaving a real risk that the sector will collapse, increasing the pressure on health and social care services

More details about our health and social care needs and the evidence underpinning our approach is contained within our Joint Strategic Needs Assessments (<https://www.jsna.info/online>).

6. Outline of Better Care Fund Plan 17-19

Subsequent to the submission and agreement of the Better Care Fund Plan 16/17, CCGs and local authorities have developed and updated their Joint Health and Wellbeing Strategies and devised with other North West London boroughs a Sustainability and Transformation Plan (STP). Local delivery plans have also been agreed for each Health and Wellbeing Strategy and a Programme Delivery Framework established (see section 2).

Hammersmith Council does not support the STP due to proposals to reconfigure acute services in the borough. It remains committed to continuing collaboration on the joint programmes of work as envisaged in STP delivery areas 1 to 4.

Within this wider change environment, our BCF Delivery Plan consists of a number of specific projects within a wider transformation programme. BCF projects have been identified on the basis of three criteria:

- They follow, or are a continuation of, projects developed as part of previous BCF submissions (Community Independence Service, Community Neuro-rehabilitation Beds)
- They relate directly to specific requirements within the BCF Policy Framework (Improving Hospital Discharge, Seven Day Services, Disability Facilities Grant review)
- They relate directly to the pooled budget that has been established as part of the BCF Initiative (Review of jointly commissioned services)

The table below provides an overview of the schemes specifically within the scope of the BCF Delivery Plan. It is not a definitive outline of all of the projects and programmes underway to deliver the vision of integrated health and social care by 2020. More details about each, including the agreed investment is outlined in the accompanying BCF Planning Templates.

No	BCF Scheme	Overview
A1	Community Independence Service	This scheme will focus on embedding the existing Community Independence Service contract and in particular shifting the focus of the service away from supporting hospital discharge to preventing hospital admission. In parallel, work will take place to develop and deliver a re-commissioning strategy in preparation for the end of the existing contract in July 2018.

A2	Community Neuro-rehab Beds – Business As Usual Scheme	Following the re-commissioning of this service focus will now shift to improving health outcomes and delivering better value for money
A4.1	Improving Hospital Discharge (High Impact Change Model)	<p>This scheme will be a key focus for the BCF Programme in 2017/2019 and in particular implementing the High Impact Change Model and achieving the targets set for each borough for reducing delayed transfers or care.</p> <p>As well as focussing on reducing Acute DTOC, work will also be concentrated on reducing Non Acute DTOC rates associated with West London Mental Healthcare Trust.</p>
A4.2	Seven Day Services	A key element of our Improving Hospital Discharge Plan is providing 7 Day Services. We have established a dedicated social care team to support this. A key priority for 2017/18 will be to review and refine this service model.
C2	Review of Jointly Commissioned Services	<p>Managing more effectively, delivering better outcomes and increased value for money from the £100m pooled Section 75 Budget will be a key priority for the BCF Plan 2017/19.</p> <p>In particular there is a requirement to deliver CCG QIPP Savings and local authority efficiency savings from this budget in 2017/18 and 2018/19 and this work is currently underway.</p>
D4	BCF Implementation & Monitoring	This scheme is to support delivery of the agreed aims and objectives of the Integration and BCF Plan. This includes programme development and delivery.
N/A	Disability Facilities Grant and Community Equipment Review	<p>Aids and adaptations for people with disabilities are key for maintaining independence and wellbeing, supporting prevention and delaying higher care need costs associated with hospital admissions and residential care home costs.</p> <p>Housing departments in all three boroughs administer the DFGs. The plans are developed together by Housing and Adult Social Care and the agreed funding is allocated to the Housing</p>

		<p>depts. However, as Social Care capital and DFG capital funding has been combined from 2016/17, the DFG will be influenced by the Housing plan, spending patterns and commitment and ASC need for capital.</p> <p>A new priority for the BCF Programme in 2017/18 will be a fundamental review of arrangements for administering and allocating Disability Facilities Grant and the Community Equipment Budget</p>
--	--	--

As indicated in section 4 of this integration and BCF Plan 17-19, some of the previous BCF schemes have now moved to business as usual and although they are still commissioned will no longer form part of the ongoing monitoring of this plan.

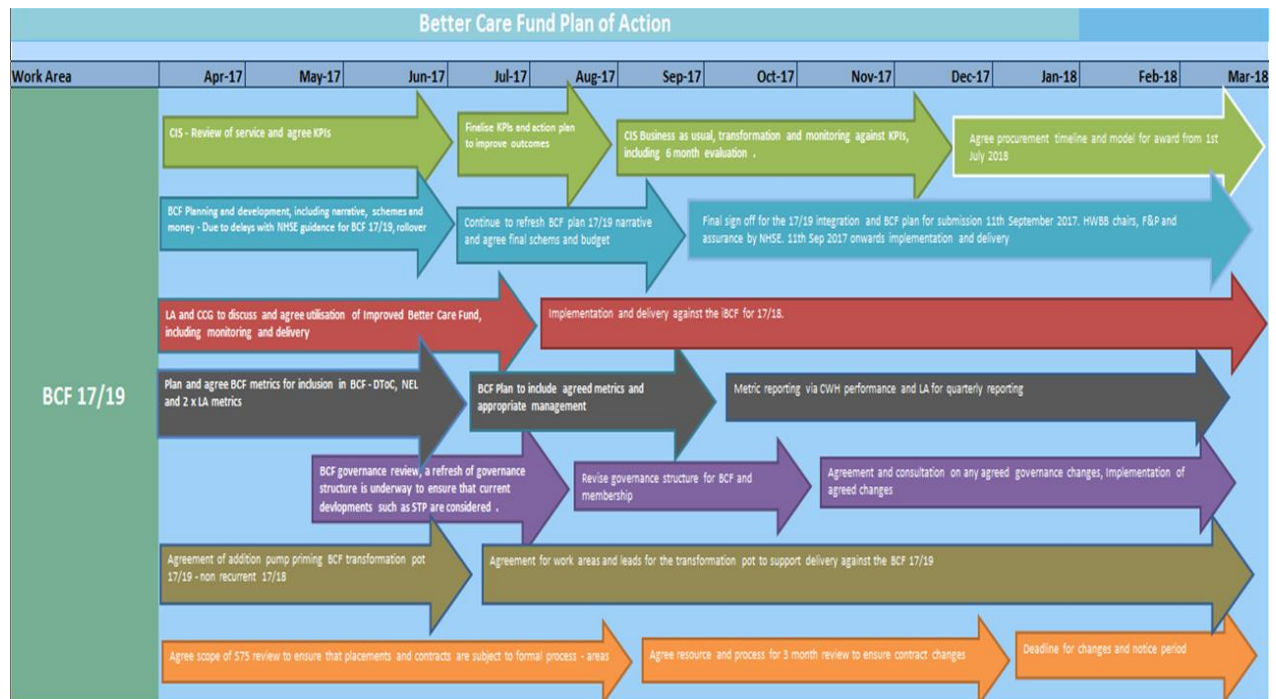
Other key projects that are underway which will play a key role in delivering our vision of Integrated Health and Social Care by 2020 but are not within the direct scope of the BCF Delivery Plan are set out in the table below.

No	Programme	Overview
1	Reconfiguration of Tri Borough Operational Arrangements	<p>This process is underway and it is anticipated it will be completed in April 2018 resulting in a new Bi-Borough Partnership between Westminster City Council and the Royal Borough of Kensington & Chelsea and a sovereign arrangement for Hammersmith & Fulham Council.</p> <p>We will be maintaining successful collaborations such as the North West London hospital discharge service and the Community Independence Service and continue to explore options for a single commissioning collaborative.</p>
2	Health commissioning at scale	<p>Work has begun to consider the benefits of CCGs that form the NWL STP footprint collaborating at scale. Agreement has been reached across the eight CCG Governing Bodies to develop a detailed case for change, and Carnall Farrar have been appointed to develop the Case for Change and a Business Case. This will be considered by CCG Governing Bodies and Health and Wellbeing Boards late in 2017 with a view to implementing any agreed proposals in 2018.</p>
3	Kensington and Chelsea My Care, My Way Integrated Care	<p>Excellent progress has been made in establishing the My Care, My Way partnership. Based in GP Surgeries and with a North and a South Hub for complex patients, integrated care is now being provided to over 4,500 older people with</p>

	Pilot	<p>one or more long term conditions through GP multi-disciplinary teams.</p> <p>Work is now underway to evaluate the impact of the service and to consider next steps. These are likely to include further integration with social care and the development of a long term, integrated commissioning strategy.</p>
4	Westminster Primary Care Strategy & Accountable Care Partnership (ACP) Development	<p>A Primary and Community Care Strategy has been developed and considered and approved by the Westminster Health and Wellbeing Board; work is now underway to develop a Commissioning Strategy for an ACP which is on track for delivery in November. It is anticipated that a shadow ACP organisation which will combine health and social care services will come into operation in April 2019 following a market engagement and procurement exercise in 2018.</p>
5	Hammersmith and Fulham Virtual Ward Project and ACP Development	<p>In Hammersmith and Fulham, the Community Independence Service also incorporates a 'Virtual Ward' function. This helps to provide a single point of contact for patients and carers and for the patient's registered GP throughout the interaction with the service, and supports the transition into longer term services where required by initiating appropriate referrals.</p> <p>Specifically, the Virtual Ward:</p> <ul style="list-style-type: none"> • Works alongside GP practices to increase appropriate referrals and proactively target support to those patients in greatest need. • Provides more intensive support to patients who people who are particularly unwell as part of a multidisciplinary team • Helps to coordinates this support by liaising with families, carers, GPs, community and hospital provider partners etc. <p>In 17/18, the Virtual Ward is being reviewed by the lead provider for the CIS, CNWL, to ensure that it is working effectively alongside primary care and community teams to manage complex patients in their own homes and the development of new pathways of care as part of the H&F Accountable Care Partnership.</p>

6.2 Integration and BCF 17-19 - High level action plan milestones.

The 17/18 BCF plan key milestones is illustrated below. Each agreed scheme has a Senior Responsible Officer (SRO) and a BCF Implementation Lead. We are currently refreshing reporting arrangements to ensure that the required work is delivered and governed appropriately.



7. Risks relating to the Integration and BCF Plan 2017-19

Our Sustainability and Transformation Plan provides a comprehensive overview of the system risks (see appendix 3) associated with delivering our people centred health and social care vision. Hammersmith Council does not support the NWL STP due to proposals to reconfigure acute services in the borough. It remains committed to continuing collaboration on the joint programmes of work as envisaged in STP delivery areas 1 to 4.

7.1 What are the key risks related to your plan?

Risks relating to individual schemes are recorded and monitored monthly through the BCF Implementation Group (see appendix 5 for BCF Risk Register) and escalated as necessary. Each scheme has a Senior Responsible Officer (SRO) and a lead manager.

The same core principles of risk sharing as previously agreed in the 16/17 BCF plan will be maintained for 2017-19:

- Organisations take responsibility for the services they sign up to deliver (against agreed specification of service quality, type and volume)
- Organisations take responsibility for the benefits that are expected to be realised in their organisation
- There will be effective monitoring arrangements to identify where there are variances against planned spend and to reconcile back to the original budget (similar to the Section 75 arrangement)
- There is a commitment to a shared approach to resolving variances and amending the service model and share of costs if required.

7.2 Further 2017/18 partnership developments

A key step forward for 2017/18 is the establishment of a Joint Transformation Pot utilising I BCF funding which will be used to support the implementation of the High Impact Change Model for Improving Hospital Discharge and the wider Health and Social Care Integration Programme.

The Transformation Pot is founded on the need to deliver the aims and ambitions of the BCF and to deliver the transformational change needed to achieve challenging financial targets.

7.3 Pooled budget, Section 75 Agreement and managing financial risks

A key element of our Better Care Fund Plan are pooled budgets which are administered by each local authority and managed through Section 75 Agreements.

While the budget is pooled, specific commissioners are accountable for specific areas of expenditure and on this basis each organisation is accountable for expenditure within that area. In 2017/18 and 2018/19 all organisations are required to deliver efficiency savings from within the Section 75 element of the Better Care Fund.

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.

In addition within the Section 75 Agreements there are good practice principles setting out how service changes will take place. In particular where:

- contracts are to be reduced or terminated, unless extraordinary circumstances apply, six months' notice will be given to the existing provider; or
- a commissioning partner intends to reduce or terminate an existing contract this will only be undertaken following consultation with all partners within the scope of the BCF and following consideration of an equality and service impact assessment.

8. National conditions

As part of our 17-19 BCF plan we will continue to monitor, develop and meet the requirements of the National Conditions as outlined in the 17-19 Policy Framework. Details of the metrics that underpin these are provided within the accompanying 17-19 BCF templates.

National condition 1: Jointly agreed plan

Across the three boroughs we have jointly developed and agreed the 2017-19 Integration and Better Care Fund.

Since the commencement of the BCF in 15/16 our vision has remained consistent, however, we have updated our work programme, schemes and narrative to appropriately reflect changes as the BCF reaches maturity.

The draft Better Care Plan has been circulated for review and comment to all Health and Wellbeing Board Members. It will be considered and reviewed by each Health and Wellbeing Board in the week beginning 10 September 2017. Prior to submission this BCF Plan has been reviewed and approved for submission by each Health and Wellbeing Board Chair and each CCG Chair.

National condition 2: Social care maintenance

In 17/18 there is a requirement for health to increase the CCG minimum by 1.79% and in 18/19 by 1.90%. As part of our agreed Integration and BCF plan, CCGs have increased their contribution to protect Social Care by 1.79%.

The increases in line with the required national condition can be summarised as follows:

Borough	16/17 CCG minimum	17/18 1.79% uplift	17/18 CCG minimum with uplift
Westminster City Council	£7,944,000	£142,195	£8,086,075
The Royal Borough of Kensington & Chelsea	£5,279,060	£94,495	£5,373,555
London Borough of Hammersmith & Fulham	£5,680,129	£101,674	£5,781,803

National condition 3: NHS commissioned out-of-hospital services

Across North West London and in each borough we have continued to develop and invest in our out of hospital services above the minimum required levels. This represents a key part of our strategy to support delivery of care to our patients closer to home and in the right setting.

A full breakdown of the continued BCF investment in our out of hospital services is detailed in the BCF Planning Template 17-19. This expenditure excludes spend on core community nursing contracts and so in total CCGs continue to commission out of hospital services well in excess of the prescribed BCF minimum.

Ambitious plans for the future delivery of out of hospital services are being developed for each borough and an overview is provided in Section 6.

National Condition 4: Managing Transfers of Care

All partners are committed to implementing the High Impact Change Model and have defined the areas that need input and also the timeline of implementation by October 2017.

The High Impact Change Model remains challenging to implement across the three boroughs with inherent differences across the multiple work areas.

In particular, there are specific challenges in North West London in reducing non acute delayed transfers of care associated with the West London Mental Health Trust. Plans are being developed within Hammersmith and Fulham to address this and improvement is anticipated.

In addition, each borough has allocated significant of iBCF funding in 2016/17 to invest in schemes to improve hospital discharge and delivered better integrated care.

A separate Managing Transfers of Care (DTCO reduction delivery plan)2017-19 to implement the High Impact Change Model is being developed (see appendix 4).

This has been informed by the High Impact Change Stocktake which was undertaken and submitted to NHS England in June 2017 (appendix 5). This builds on the initial thinking undertaken and presented in the Q1 iBCF Submissions submitted at the end of July 17.

9. Overview of funding contributions

A full breakdown of our Integration and BCF funding contribution is provided within the BCF planning template 17-19. The template confirms that we have met the required contributions for each organisation, including the National Conditions and also an agreement for the Improved Better Care Fund (iBCF).

An overview of the allocation of BCF Funds is attached as appendix 6.

Carers' breaks

CCGs continue to fund Carers' breaks above the minimum level required and this is incorporated within the funding allocated within the Section 75 Agreements. In addition through the Section 75 Agreement significant investment continues to be made in support and assistance for carers. Work is also underway to update and refresh the Carers' Strategy.

Improved Better Care Fund allocations

The table below provides an overview of how Year One Improved Better Care Fund resources will be utilised.

Borough	Westminster (£m)	Kensington and Chelsea (£m)	Hammersmith and Fulham (£m)	Total
Market Stabilisation	2.128	1.35	1.457	4.935
Demographic Pressures/Additional Capacity	4.62	1.15	2.852	8.622
Transformation and implementation of High Impact Change Model	2.172	1.448	0.919	4.539
Total	8.92	3.948	5.228	18.096

As can be seen resources have been utilised to deliver the three priorities of:

- Stabilising the care market;
- Meeting demographic pressures and greater levels of need;
- Working to reduce delayed hospital discharges through implementation of the High Impact Change Model for managing Hospital Discharges.

Utilisation of the Transformation Fund (Joint Transformation Pot) in 2017/18 will be considered in the light of the Hospital Discharge Plan which will be completed in

October. Consideration will also be given to utilising the fund to deliver other projects related to delivering the integrated health and social care vision.

The utilisation of iBCF Funds in 2018/19 and beyond will be considered in the second part of 2017/18 in the light of progress implementing the High Impact Change Model for Managing Hospital Discharge, demographic pressures and market stability.

10. BCF Programme Governance

The governance arrangements for the BCF agreed for 16/17 will continue for 17/19.

Across the three boroughs, we have worked hard to develop robust governance arrangements to support Better Care Fund implementation. The diagram below provides an overview.



Each Health and Wellbeing Board will continue to have sovereignty over each borough's element of the Better Care Fund. Each local authority and CCG continue to be represented on each H&WB Board. A regular BCF Update is provided to each H&WB Board.

Strategic oversight and coordination will continue to be provided through the Joint Executive Team, which is made up of CCG Managing Directors and the Adult Social Care Leadership Team. This will also provide a forum for us to continue to review pooled budget requirements for the new financial year 17/18.

Risks to funding and performance will continue to be identified through the monthly Joint Finance Oversight Group (JFoG). This is a joint meeting made up of finance representatives from each CCG and local authority.

Each CCG also reports quarterly progress to its Finance and Performance Committee.

Issues requiring escalation will be escalated first of all to the Joint Executive Team and then to Health and Wellbeing Boards if required.

The BCF Implementation Group will be led by the overall BCF Senior Responsible Officer and will consist of those officers responsible for delivering specific BCF Projects. It will consider delivery risks and also review and oversee implementation of BCF projects. It provides monthly updates to the Joint Executive Team.

The pooled budget will continue to be managed through Section 75 Health and Wellbeing Partnership Agreements in place between each borough and CCG. The pooled budget will continue to be administered by local government partners.

11. BCF National Metrics

11.1 Non Elective Admissions (NEL)

Targets for Non Elective Admissions (NEL) in 17/18 have been set and have been included in the BCF Planning Template. NEL performance continues to be monitored as part of the Operating Plan.

Outcomes against the NEL target in 16/17, per CCG were

- NHS Central London CCG (Westminster, excluding QPP); 16/17 achieved a reduction of -1.50%
- NHS Hammersmith & Fulham CCG 16/17 achieved a reduction of -5.17%
- NHS West London CCG 16/17 RBKC and QPP (Westminster) achieved a reduction of -6.24%

Set out below are the agreed trajectory for each HWBB for 2017/19.

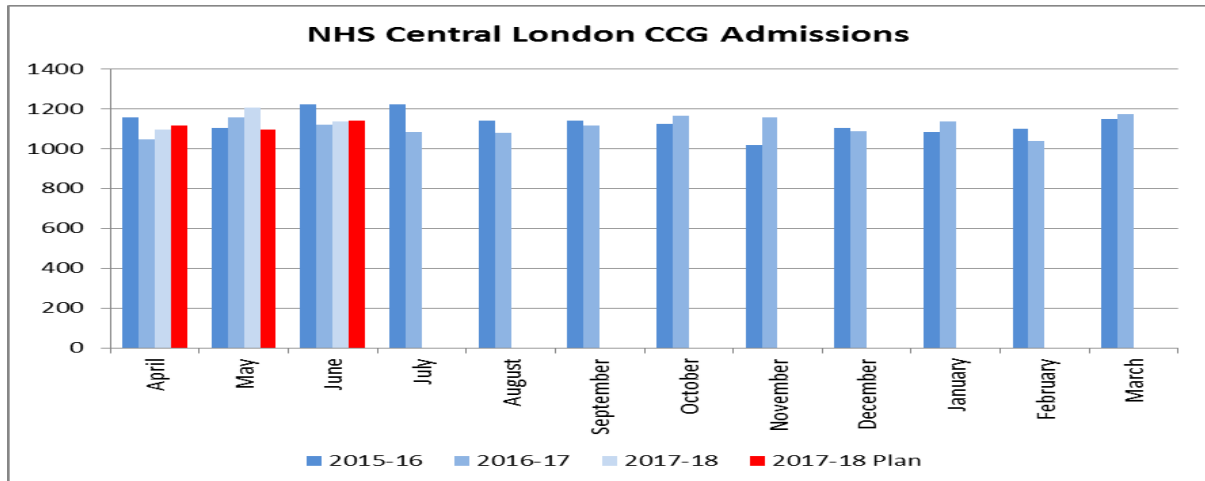
The following trajectories show the monthly targets set as part of the agreed operating plan with NHSE and will be monitored accordingly. As part of the BCF the main scheme that is linked to reducing NEL is the Three Borough Community Independence Service (CIS). This is based on ensuring that where appropriate our residents receive timely health and social care input in their own home or place of residence. Across the three CCGs there are other schemes that may have an impact on reducing NEL but these have been identified to ensure that there is no duplication in respect of benefits.

We have not agreed a further reduction in Non Elective Admissions, additional to those in the each CCG Operating Plan in 17/18.

Further information supporting the NEL trajectory is attached in appendix 7.

Westminster (Central London CCG)

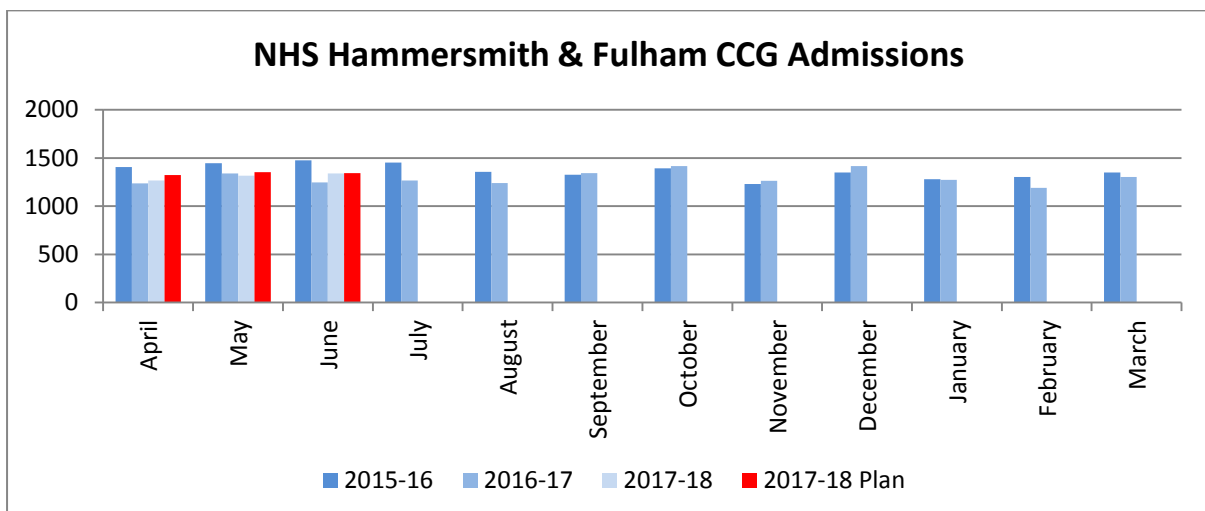
Westminster HWB													
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Westminster HWB Non-Elective Admission Trajectory for FY 2017/18	1260	1259	1291	1302	1265	1241	1294	1209	1271	1243	1192	1260	15088
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Westminster HWB Non-Elective Admission Trajectory for FY 2018/19	1240	1241	1275	1277	1240	1216	1231	1143	1208	1172	1120	1195	14557



- CLCCG Q1 indicates we are slightly below target for NEL reduction

London Borough Hammersmith & Fulham (Hammersmith & Fulham CCG)

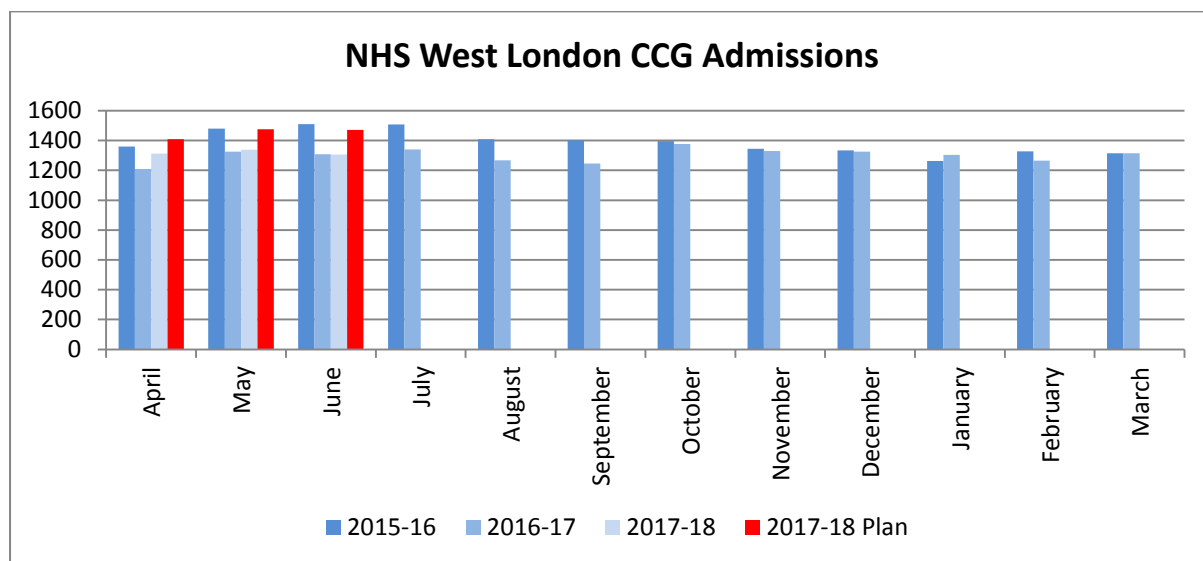
Hammersmith & Fulham HWB													
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Hammersmith & Fulham HWB Non-Elective Admission Trajectory for FY 2017/18	1354	1386	1376	1385	1330	1282	1381	1277	1342	1297	1241	1315	15967
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Hammersmith & Fulham HWB Non-Elective Admission Trajectory for FY 2018/19	1326	1358	1349	1359	1304	1255	1301	1197	1264	1218	1162	1238	15331



- H&FCCG Q1 indicates we are slightly below target for NEL reduction

Royal Borough Kensington & Chelsea (West London CCG)

Kensington & Chelsea HWB													
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Kensington & Chelsea HWB Non-Elective Admission Trajectory for FY 2017/18	955	998	997	1008	965	937	947	900	913	883	851	879	11234
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Kensington & Chelsea HWB Non-Elective Admission Trajectory for FY 2018/19	920	966	967	980	938	912	921	873	889	860	830	860	10916



- WLCCG Q1 indicates we are above target for NEL reduction

11.2 Delayed transfers of care

We recognise that a key part of our BCF is the interdependency of our schemes and commissioned services that reduce Delayed Transfers of Care (DTOC) and support the principle that quality care is delivered in the right place.

We are committed to implementing the High Impact Change Model and have defined the areas that need input and the timeline of implementation by October 2017. A summary stocktake of our current position against each of the 8 High Impact Changes is attached as appendix 5.

The High Impact Change Model remains challenging to implement and the three boroughs have therefore agreed to utilise approximately a third of the iBCF monies to support improvement and change across the DToC pathway.

Progress on managing transfers of care and achieving the DTOC targets will be managed on a day to day basis by the two A&E/Urgent Care Delivery Boards. Progress

will be overseen by the three borough Hospital Discharge Steering Group, which is chaired by a Director of Adult Social Care. Key decisions and current performance levels will be overseen by the Joint Executive Team and by each Health and Wellbeing Board.

There is a strong base to build on from the 2016-17 which has enabled improvements both in the processes within hospitals and the capacity available to support people at home and in the community. They include:

- Developed integrated hospital discharge teams and pathways within several hospital wards to provide a common discharge approach across the three boroughs and working on extending this to include three additional boroughs to better manage hospital discharge
- Development of Home First (Discharge Home to Assess) model with enhanced care package, as well as access to Step Up Interim care beds should care breakdown at home
- Increased the provision of interim beds to enable step down from hospital and to allow for full assessments of people's needs to be undertaken in the community. This includes interim bed options to carry out Continuing HealthCare Assessments (CHC) outside hospital as well as support people with care needs who have temporary accommodation needs.
- Development of two Trusted Assessor Nurse posts for Care Homes to speed up assessment and discharge to care homes
- Utilised BCF resources to establish a 7-day hospital social work and therapy services which are due for review in 17-18 to evaluate their impact.
- Modelling and re-commissioning the established Community Independence service to enhance its focus on integrated working with GP's and, also preventing hospital admissions.
- Alignment of organisational Choice policies supported by information for patients, families, and carers on the local options available for community or home based care upon discharge

The draft Managing Transfers of Care Action Plan seeks to extend single Hospital Discharge function across health and social care and scale it up to support achievement of the DToC targets which have been set for each borough.

Our agreed trajectories for DToC 2017/19 are as follows:

*Please note these trajectories may be subject to change.

CCG Code	CCG Name	Type	Days (September)	NHS/Social Care Ratio	Baseline Total	Baseline Split	September Position	September Split	March Position	March Split	Phase 1 Step	Phase 2 Step
DBC	NHS HAMMERSMITH AND FULHAM CCG	NHS	6.94	55.79%	16.6	9.26	12.45	6.95	8.3	4.63	0.39	0.39
DBC	NHS HAMMERSMITH AND FULHAM CCG	Social Care	5.5	44.21%	16.6	7.34	12.45	5.50	8.3	3.67	0.31	0.31
OBA	NHS CENTRAL LONDON (WESTMINSTER) CCG	NHS	5.49	70.29%	9.76	6.86	7.81	5.49	5.86	4.12	0.23	0.23
OBA	NHS CENTRAL LONDON (WESTMINSTER) CCG	Social Care	2.32	29.71%	9.76	2.90	7.81	2.32	5.86	1.74	0.10	0.10
OBY	NHS WEST LONDON CCG	NHS	6.72	67.20%	12.5	8.40	10	6.72	7.5	5.04	0.28	0.28
OBY	NHS WEST LONDON CCG	Social Care	3.28	32.80%	12.5	4.10	10	3.28	7.5	2.46	0.14	0.14

11.3 National Metric 3: Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population

The table below sets out progress in reducing the number of local authority funded residential care admissions per 100,000 population and proposed targets for 17/18 and 18/19 for each borough.

	15/16	16/17	17/18	18/19
Hammersmith and Fulham	584.9	545.9	453.6	445.1
Westminster City Council	472.1	352.0	331.3	322.6
Kensington and Chelsea	335.9	183.5	283.3	277.3

As can be seen there are significant variations in activity levels but with each borough achieving significant year on year reductions between 2015/16 and 2016/17.

While the variations in performance are partly a result of different demographic characteristics, variations in personal income and levels of clinical need it is likely that some of the variation is also a result of different operational practices in each boroughs and different criteria for awarding home care support.

In each borough there has been an increased focus on providing home based support packages where possible and promoting greater independence and choice and it is anticipated that this will continue to result in an overall reduction in the number of older people placed in residential and nursing care. However in all boroughs there has been a shift in the proportion of placements in nursing care homes compared to residential care homes (the proportion placed in nursing care homes is increasing). It is anticipated that this trend will continue so that by 2019/20 there will be a smaller proportion of older people in long term residential care but with more complex needs.

11.4 National Metric 4: Effectiveness of reablement service

The table below sets out the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services and the proposed targets for 2017/18 and 2018/19.

	15/16	16/17	17/18	18/19
Kensington & Chelsea	89.2%	89.7%	90%	90%
Westminster City Council	88.6%	89%	90%	90%
Hammersmith and Fulham	86.4%	89.7%	90%	90%

As can be seen performance levels in all boroughs were good in 15/16 and these improved further in 16/17 with the roll out of the new Community Independence Service contract and the more coordinated working that has resulted between reablement, rehabilitation and rapid response staff and with GPs.

In 2017/18, it is anticipated that this trajectory will continue so that all boroughs achieve a success rate of 90% in 2017/18 and that this performance is maintained through the reconfiguration and re-commissioning of out of hospital services to establish accountable care partnership arrangements in 2019/20.

12. Approval and sign off for the 17-19 Integration and BCF Plan

This Integration and Better Care Fund 17-19 has been agreed by all six sovereign organisations. The delegated signatories are listed below. This revised narrative upholds the previously agreed plans in 15/16 and 16/17. At the time of submission the full plan has not been ratified due to the timetable of Health and Wellbeing Boards and CCG Finance and Performance Committees, however, the plan has been agreed outside of this governance process to meet the NHSE submission deadline.

Central London Clinical Commissioning Group

City of Westminster

Hammersmith & Fulham Clinical Commissioning Group

Hammersmith & Fulham Council



West London Clinical Commissioning Group

Royal Borough Kensington & Chelsea

Appendices

No	Document
1	Joint Health and Wellbeing Strategies (3 documents)
2	NW London Sustainability and Transformation Plan
3	Better Care Fund Plan Risk Register
4	Managing Transfers of Care (DToC Reduction Delivery Plan) 2017-19
5	High Impact Change Model Stocktake (June 2017)
6	Overview of BCF Funding Allocations
7	NE London Non Elective Admissions Trajectory