London Borough of Hammersmith & Fulham **HEALTH AND WELLBEING BOARD** **13 September 2017**	
BETTER CARE FUND PROGRAMME 2017/19	
Report of **Lisa Redfern, Director of Adult Social Services, Hammersmith & Fulham Council** **Janet Cree, Managing Director, Hammersmith and Fulham CCG**	
Open Report	
Classification - For Information **Key Decision: No**	
Wards Affected: All	
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1. EXECUTIVE SUMMARY

1.1. This report provides the Health and Wellbeing Board with details of the Integration and Better Care Fund Plan for 2017-19 submitted on 11 September to NHS England and the Department of Communities and Local Government. Due to the deadline for its submission on 11 September, it was necessary for the Chair of this Board to approve the plan on the board's behalf.

1.2. Delivery of the Integration and Better Care Fund Plan 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.

1.3. The Integration and Better Care Fund Plan is attached as Appendix 1.

2. RECOMMENDATIONS

2.1. That the Health and Wellbeing Board endorse the Integration and Better Care Fund Plan for 2107-19.

2.2. That the Health and Wellbeing Board note that the current governance arrangements for the ongoing monitoring of progress against the plan will evolve during 2018 as the Moving On programme is completed.

3. BACKGROUND

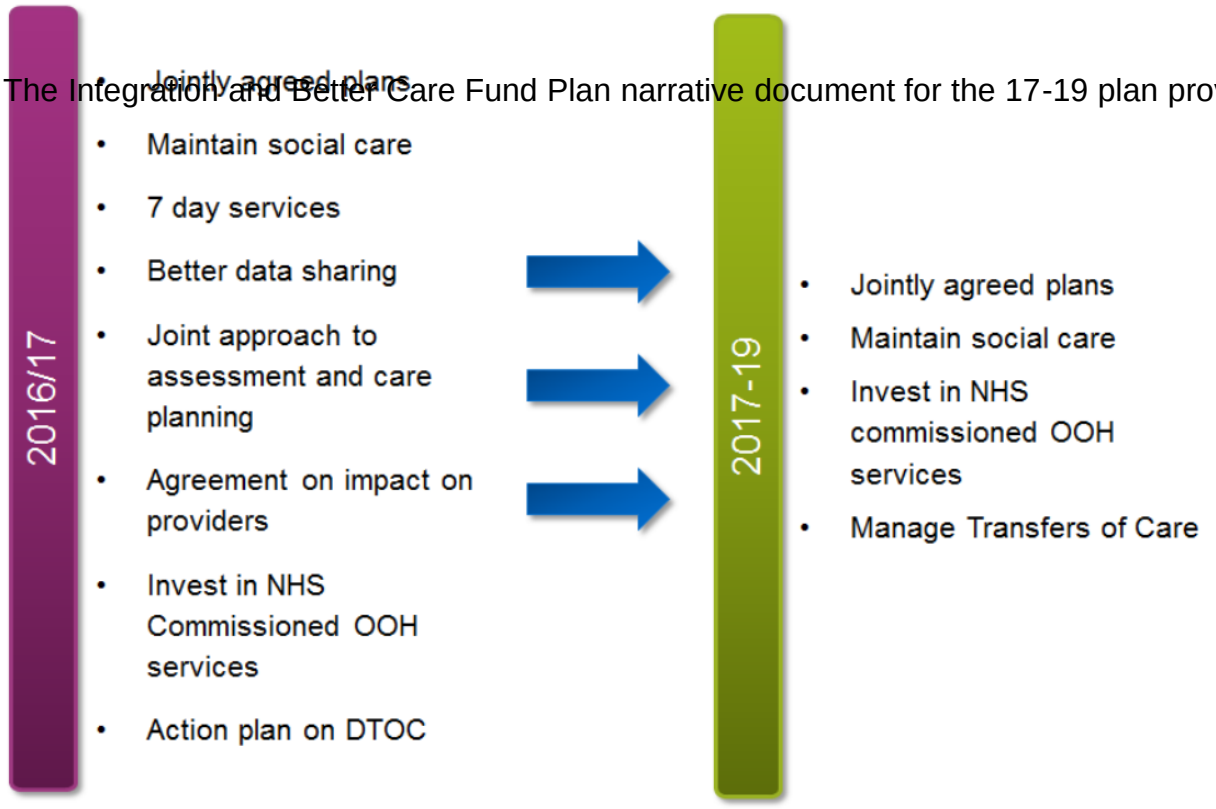
3.1 The Better Care Fund is intended to promote integration and areas are being asked to set out in their plans how they are going to achieve further integration by 2020.

3.2 The Policy Framework for the Better Care Fund 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.

3.3 The Policy Framework for the Better Care Fund (BCF) 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.

3.4 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 are being submitted part way through 2017 and have been developed within a considerably shorter timescale than the Government had led us to expect would be the case.

3.5 The key national priorities for the Better Care Fund Plan are set out in the diagram below.



3.6 The Integration and Better Care Fund Plan narrative document for the 17-19 plan provides an u

the Clinical Commissioning Groups for Central London, West London and Hammersmith & Fulham.

4. PROGRESS IN 2016-17

4.1 In 2016-17 good progress was made in translating the vision for Integration in to a strategy and plan for delivery. In particular,

a. In Hammersmith and Fulham we have undertaken an extensive process of collaboration and engagement in order to update and produce a Health and Wellbeing Strategy for the period 2017-22.

b. Collaborative work between CCGs and local authorities across North West London has produced a Sustainability and Transformation Plan (STP). 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. Work is now underway to shift from design to delivery;

c. We have continued to commission and collaborate at a system-level where appropriate. For example, through the BCF process we have established and continue to administer a virtual £100 million 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;

d. 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;

e. There has been delivery and improvement of seven-day services for CIS liaison, rapid response, rehabilitation and reablement.

f. Operational staff have made good progress to 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.

g. Work has progressed well in developing longer-term whole systems/ACP solutions 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 been developed and this will be considered by the H&F CCG Governing Board and at this Health and Wellbeing Board meeting in September.

h. Within the three CCGs, and across NW London, work has begun to consider the benefits of commissioning at scale, 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.

i. 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.

j. The Neuro-rehabilitation service across the three boroughs was re-procured and has now become business as usual, with the contract managed by the joint commissioning team.

k. A 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 Joint Commissioning Team.

l. As regards 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 an improved patient pathway, resulting in improved efficiency across our integrated workforce

5 THE INTEGRATION AND BETTER CARE FUND PLAN FOR 2017-19

5.1 The 2017-19 plan summarises our collaboration and proposed actions to take forward the Integration and Better Care Fund ambitions over the next two years.

5.2 The plan states that, in 2017-18, Hammersmith & Fulham Council has been moving on from the tri-borough arrangement to focus more keenly on outcomes for its own residents and enhance its 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.

5.4. Similarly, Hammersmith and Fulham CCG will maintain collaborations across eight Central and NW London CCG's and retain the benefits of being part of the North West London integrated care pioneer site. NHS commissioners across North West London have agreed that Accountable Care Partnerships are the preferred model for delivering an integrated care system by April 2018 and social care is engaged in helping to develop and implement these proposals.

5.5. The overarching approach to the Integration and Better Care Fund Plan for 2017-19 is to build on previously agreed Better Care Fund Plan, noting the development of the Hammersmith & Fulham Joint Health and Wellbeing Strategy as an important point of reference. There is strong alignment between the two.

5.6. The Hammersmith & Fulham Joint Health and Wellbeing Strategy is in place and a Programme Delivery Framework has been established for the delivery of the Sustainability and Transformation Plan (STP). 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.

5.7. The Integration and Better Care Fund Plan for 2017-19 does not to seek to duplicate either of these established mechanisms. The table below sets out the priorities that we have identified and the targets that we have set for 2020/21.

What we will do to make a difference

	To achieve this in 2016/17 we will…	…and by 2020/21?
A **Improve market management and take a whole systems approach to commissioning**	• Carry out comprehensive market analysis of older people's care to understand where there is under supply and quality problems, and develop a market management and development strategy to address the findings alongside a NW London market position statement.	• Implement market management and development strategy to ensure it provides the care people need, and ensuring a sustainable nursing and care home sector, with most homes rated at least 'good' by CQC. • Jointly commission, between health and local government, the entirety of older people's out of hospital care to realise better care for people and financial savings
B **Implement accountable care partnerships**	• Agree the commissioning outcomes and begin a procurement process to identify capable providers to form the accountable care partnerships • Support existing local Early Adopter WSIC models of care, including evaluation and ramp-up support	• Commission the entirety of NHS provided older people's care services in NW London via outcomes based contract(s) delivered by Accountable Care Partnerships, with joint agreement about the model of integration with local government commissioned care and support services • All NHS or jointly commissioned services in NW London contracted on a capitation basis, with the financial model incentivising the new proactive model of care
C **Upgraded rapid response and intermediate care services**	We currently have eight models of rapid response, with different costs and delivering differential levels of benefit. We will work jointly to: • Identify the best parts of each model and move to a consistent specification as far as possible by identifying opportunities and agreeing transformational improvements to NW London models, either locally or NW London-wide • Improve the rate of return on existing services, reducing NEL admissions and reducing length of stay • Enhance integration with other service providers • Establish an older people's reference group to guide this work • Agreed the older person's pathway across community, acute and last phase of life • Agreed areas for standardisation across NW London for IC/RR and acute frailty • Agreed outcomes and standards for intermediate care function and acute frailty	• Use best practice model across all eight boroughs, creating standardisation wherever possible to enable additional capacity to decrease the inappropriate time that a person is cared for in an institutional setting • Operate rapid response and integrated care as part of a fully integrated ACP model
D **Create an integrated and consistent transfer of care approach across NW London**	• Agree an integrated health and social care model to improve transfer of care • Implement a single needs-based assessment to support appropriate transfer of care via a single point of access in each borough, reducing the differential between in borough and out of borough length of stay in line with the in borough length of stay • Move to a 'trusted assessor' model for social care assessment and transfer of care across NW London	• Eliminate the 2.9 day differential between in borough and out of borough length of stay • Transfer of care correspondence is electronic with the single assessment process built into the shared care records across NW London • Fully integrated health and social care transfer of care process for all patients in NW London
E **Improve care in the last phase of life**	• Improve identification and planning for last phase of life: - Identify the 1% of the population who are at risk of death in the next 12 months by using advanced care plans as part of clinical pathways and 'the surprise test' - Identify the frail elderly population using risk stratification and 'flagging' patients who should be offered advanced care planning - patient initiated planning to help patients to self-identify • Improving Interoperability of Coordinate my Care with other systems (at least 4), including primary care to ensure that people get they care they want • Reduce the number of non-elective admissions from care homes – demonstrate a statistically significant reduction in admissions and 0 day LOS (i.e. >10%)	• Every patient in their last phase of life is identified • Every eligible person in NW London to have a Last Phase of Life (LPoL) care plan, with a fully implemented workforce training plan, and additional capacity to support this in the community. • Meet national upper quartile of people dying in the place of their choice • Reduce non elective admissions for this patient cohort by 50%

6 LEGAL IMPLICATIONS

6.1 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.

7 FINANCIAL AND RESOURCE IMPLICATIONS

7.1 Within the Integrated Better Care Plan is a proposed 2017/18 joint budget of £44.859m.

7.2 This is spilt into the following services:

Services commissioned directly by Health:	£12.870m
Section 75 Health funded services commissioned by the LA:	£11.235m
Funding by Health to protect social care services:	£ 6.270m
Funding by LA on joint contract arrangements:	£ 8.205m
Improved Better care fund programme:	£ 5.128m
Total jointly agreed budget:	**£43.708m**

7.3 Within the above resources is the minimum amount of £5.782m, which is transferred to adult social care to protect front line social care services to meet a condition of the BCF guidance.

7.4. Both organisations are facing cost pressures which have been identified and will be risk managed and reviewed through governance processes in year. Mitigating actions will be taken to manage these pressures but it may be necessary to offset these against non BCF funds. Within the Section 75 Health funded services, the council has advised commitments for 2017/18 are estimated at £12.463m and Health have advised a budget of £11.235m resulting in a projected shortfall of £1.228m. There are Health QIPP savings of 3.2% which are still to be delivered on the Section 75 commissioned services and the full year effect of customer's service costs which are the reasons for the shortfall. The CCG will meet their responsibilities for any shortfall.

7.5 Within the Section 75 Agreements there is an explicit agreement that each organisation will be responsible for the effective delivery of their commissioned services and where expenditure is greater than budget because of customer needs or where efficiency savings are not delivered then this financial liability will rest with the organisation responsible for the customer.

7.6 The Integrated BCF plan is a two-year plan. Agreement in principle has been reached for the allocation of 2017-18 monies, and the 2018/19 indicative figures are currently being worked on for inclusion in the final submission.

8 BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

LIST OF APPENDICES:

APPENDIX 1: Integration and Better Care Fund Plan for 2017/19