London Borough of Hammersmith & Fulham **HEALTH AND WELLBEING BOARD** **21st March 2018**	
BETTER CARE FUND PROGRAMME 2017/19 – progress monitoring	
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 only **Key Decision: No**	
Wards Affected: All	
Accountable Director: Lisa Redfern**,** Director, Adult Social Services, Hammersmith & Fulham Council Janet Cree, Managing Director, Hammersmith and Fulham CCG	
Report Author: Graham Terry**,** Interim Head of Partnerships and Development**,** Hammersmith & Fulham Council	**Contact Details:** Tel: 07768 718462 E-mail: graham.terry@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1. This report outlines progress on 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. The Better Care Fund was announced in June 2013 “to drive the transformation of local services to ensure that people receive better and more integrated care and support”.

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. The Health and Well-being Board is expected to receive these progress reports to enable it to monitor the delivery of the Better Care Fund Plan.

1.3. There has been very good progress on reducing delayed transfers of care and the Hammersmith and Fulham Integrated Care Partnership of health providers are now working closely on improved care pathways. The reviews of key areas of better care fund investment are progressing well to develop strategic plans and improvements for 2018-19.

2. RECOMMENDATIONS

2.1. That the Health and Wellbeing Board note the progress and information contained in this report.

3. BACKGROUND

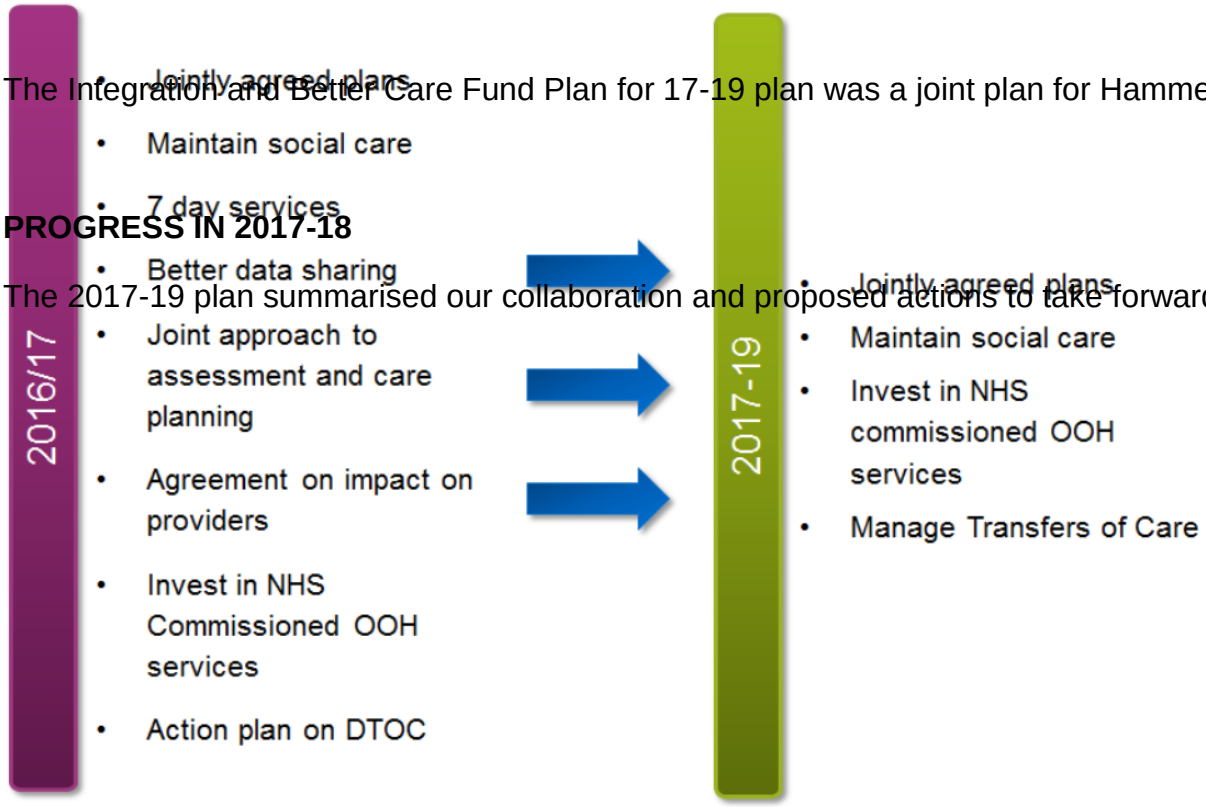
3.1 The Better Care Fund is intended to promote integration and areas were asked to set out in their plans how they are going to achieve further integration by 2020.

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 was submitted in September 2017 and therefore this report is the first monitoring report since its submission. The Better care Fund plan had to be 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 for 17-19 plan was a joint plan for Hammersmith & F

4. PROGRESS IN 2017-18

4.1 The 2017-19 plan summarised our collaboration and proposed actions to take forward the Integ

4.2 Following formal assurance of our BCF on 27th October 2017, we have continued to move forward with our 2 year integration and BCF plan and the finally agreed schemes to support achievement of our combined ambition. This is particularly challenging as in year, 2017/18 we need to review a number of commissioned services to ensure they can deliver the required transformation, integration and efficiency. We had hoped to complete this work with a view to delivering benefits throughout the 18/19 financial years, however due to the delays referred to in para 3.4 the final impact may not result in a full year effect in 18/19.

4.3 The Community Independence Service continues to be a priority across the Three HWBB 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. However, 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 our 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 Delayed Transfers of Care (DToC) trajectory for the Hammersmith and Fulham HWBB area has been reducing month on month to December 2017 to be below the required target outlined in the Better Care Fund Plan. The DToC dashboard can be seen at Appendix 1. This is due to some dedicated leadership and focus on non-acute MH delays and delivery of the DToC plan which has been further refined since last September.

4.6 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). It is imperative at this time as our acute settings are at capacity due to the winter period.

4.7 The Hammersmith and Fulham Integrated Care Partnership was formally established with the signing of a partnership agreement and the operation of committees in common. H and F CCG have joined the ICP and an Alliance contract is being prepared for July 2018. LBHF did not approve the NWL STP and has concerns about accountable care organisations. In practice, this is likely to mean a focus in 2018/19 on practical projects and initiatives which will enable closer working and better services for residents.

4.8 A new 7 day working Social Work model was implemented from 8/1/17 at no additional cost. Instead of having a separate team to deal with weekend

discharges, the week day teams roles and functions are being extended to cover 7 days a week. The new model has enabled a real 7 day team on each site. Local team managers will manage work over 7 days , 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 AND RESOURCE IMPLICATIONS

6.1 The first year of the Integrated Better Care Plan for 2017/18 included a joint budget of £45.075m.

6.2 This is spilt into the following services:

Services commissioned directly by Health:	£14.444m
Section 75 Health funded services commissioned by the LA:	£11.235m
Funding by Health to protect social care services:	£ 6.102m
Funding by LA on joint contract arrangements:	£ 8.166m
Improved Better care fund programme:	£ 5.128m
Total jointly agreed budget:	**£45.075m**

6.3 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.

6.4. 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. Within the Section 75 Health funded services, the Council has advised commitments for 2017/18, based on quarter 3 data are estimated at £12.215m and Health have advised a budget of £11.235m resulting in a projected shortfall of £0.980m. 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 the shortfall and the Council has invoiced £0.845m to date with the balance by year end.

6.5 The Integrated BCF plan is a two-year plan. The allocation of 2017-18 monies, and figures for 2018/19 are contained in the plan.

7 BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

LIST OF APPENDICES:

Appendix 1 – Delayed Transfers of Care Dashboard (delays in discharge from hospital)