

MINUTES OF THE HEALTH AND WELLBEING BOARD

Wednesday 6th September 2017 at 3pm

ATTENDANCE

PRESENT: Mayor Sir Steve Bullock (Chair); Dr Marc Rowland (Vice Chair); Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People); Aileen Buckton (Executive Director for Community Services, LBL); Brendan Sarsfield (Chief Executive, Family Mosaic); Folake Segun (Director, Healthwatch Bromley and Lewisham); Dr Simon Parton (Chair of Lewisham Local Medical Committee); and Peter Ramrayka (Voluntary and Community Sector Representative).

IN ATTENDANCE: Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group); Sarah Wainer (Programme Lead, Whole System Model of Care, LCCG); Carmel Langstaff (Portfolio Manager, Whole System Model of Care); Bobbie Scott (Programme Support Officer, Whole System Model of Care); Salena Mulhere (SGM Inter-agency, Service Development and Integration) and Stewart Snellgrove (Clerk to the Board, LBL).

APOLOGIES: Val Davison (Chair of Lewisham & Greenwich Healthcare NHS Trust); Dr Danny Ruta (Director of Public Health, LBL); Roger Paffard (Chair, South London and Maudsley NHS Foundation Trust); Sara Williams (Executive Director for Children & Young People, LBL); Gwen Kennedy (Interim Director of Nursing South London, NHS England); and Tony Nickson (Director, Voluntary Action Lewisham).

Welcome and Introductions

The Chair welcomed everyone to the meeting and shared the apologies from those Board members not in attendance.

1. Minutes of the last meeting

1.1 The minutes of the last meeting were agreed as an accurate record.

2. Declarations of Interest

2.1 There were no declarations of interest.

3. Better Care Fund Plan 2017-19

3.1 Martin Wilkinson and Aileen Buckton presented this report. The purpose was to provide Board members with an oversight of the Better Care Fund (BCF) Plan 2017-19 for their sign-off.

3.2 The BCF Plan has been overseen by Lewisham Council and Lewisham Clinical Commissioning Group (CCG). Activity supported through the BCF has been developed jointly by commissioners and providers and the Plan has been shared with Lewisham Health and Care Partners (LHCP).

3.3 The BCF Plan 2017-19 covers two financial years and is an evolution of the 2016-17 Plan. A report outlining progress made in 2016-17 was presented at the Health and Wellbeing Board on 6 July 2017.

- 3.4 The 2017-19 Plan continues to fund activity in the following areas:
- Prevention and Early Action
 - Community based care and the development of the Neighbourhood Care Networks
 - Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital
 - Estates and IMT
- 3.5 In 2016-17 the financial contribution to the BCF from the CCG was £20.164m, and this has increased in 2017-18 to £20.525m and in 2018-19 to £20.915m. The financial contribution from the Council in 2016-17 was £1.781m, this has been increased in 2017-18 to £1.882m and in 2018-19 to £1.996m. The IBCF grant to Lewisham Council has been pooled into the BCF and totals £7.595m in 2017-18 and £10.470m in 2018-19. The total pooled BCF budget for 2017-18 in £30.002m and £33.381m in 2018-19.
- 3.6 The IBCF is additional funding to local authorities to recognise the growing demand on Adult Social Care. The grant doesn't eliminate all of the existing pressures on Adult Social Care, but it is helping to maintain the foundations of current service provision, particularly in relation to Delayed Transfers of Care and the need for stability and continuity in the care market.
- 3.7 The financial contributions to the BCF have been agreed by the CCG and the Council and agreed through the CCG's and Council's formal budget setting processes.
- 3.8 The BCF arrangements are underpinned by pooled funding arrangements with a section 75 agreement. The Section 75 Agreement Management Group (Adults) oversaw the 2016-17 BCF Plan and will also oversee the 2017-19 BCF Plan and expenditure.
- 3.9 The 2017-19 Plan also outlines targets and plans to deliver against the four national metrics:
- Non elective admissions
 - Admissions to residential and care homes
 - Effectiveness of reablement
 - Delayed transfers of care (DTC)
- 3.10 The allocation of resources to DTC will be monitored and reviewed in-year to ensure that they are being used to best effect.
- 3.11 The BCF Plan has now been shared in draft form with regional colleagues. Further edits are required before the formal submission deadline, including requested changes that demonstrate the interface between the VCS and housing issues (e.g. how SAIL supports older people with housing concerns).
- 3.12 Both a London and National moderation process will follow over the next few weeks to ensure equity across all BCF Plans.
- 3.13 The Board raised the following questions regarding the BCF Plan 2017-19:

Q: How does monitoring of the BCF work in practice?

A: Quarterly returns must be submitted to demonstrate compliance against national conditions. Some elements contained within the BCF are already part of our core data sets. There are potential financial consequences of not meeting IBCF targets (especially DTOC targets), although these have not yet been formalised. If metrics are not met for emergency admission reductions that have been planned for, we have a joint risk share. This enables the CCG to use BCF funds to pay for this over-activity, that is then provided by hospitals, as a result of BCF schemes not working.

Q: Does local capacity exist to deliver the BCF Plan?

A: The capacity exists, though in the short-term this may come at a financial premium. Attracting and retaining nurses for community based care and care homes is an issue, likewise for social workers some of whom prefer the flexibility offered by agency employment. Further capacity to undertake strategic service redesign and modelling is needed to test out alternative ways of doing things without taking risks with people's care. A bigger challenge is ensuring that the workforce has the appropriate skillset (e.g. in domiciliary care). Workforce development plans need to address these issues, though these are not unique to Lewisham.

Q: What are we doing more or less of in the BCF?

A: The Integration and Transformation programme is wider than the parameters of the BCF Plan itself and the proposed expenditure is not simply propping up what we are doing already. There is a greater focus on early intervention, proactive self-management and the leading of healthier lifestyles. Where multiple conditions present themselves the emphasis is on community-based care, maintaining independence for as long as possible and avoiding hospital admission, where appropriate.

Q: Does the fact that funding for Lewisham and Greenwich NHS Trust is linked to patient admissions present a conflict of interest?

A: LGT is recognised as a provider of acute services and any potential conflict of interest is managed through different contracting processes. LGT contributions and expertise in relation to the BCF Plan is separately aligned through their involvement with other providers like SLAM and GP Federation and through the Lewisham Health and Care partners work which is regularly reported to the Health and Wellbeing Board. The BCF Fund is managed via the Section 75 Agreement Management Group and the BCF Plan is not specifically discussed at Lewisham Health and Care Partners.

Q: Why is there a proposed reduction in the budget for carers' breaks in 2018/19?

A: There is no intention to diminish the carers' breaks service. Not all funding for this service is via the BCF.

Q: How can we ensure that the budget for the Disabled Facilities Grant (DFG) is not underspent?

A: The DFG is used for private rented and Lewisham Homes residents. It is not the only allocation in the borough as RSLs get their own DFG funding. The challenge with DFG awards is in getting the necessary planning permissions, qualified builders etc. Most awards entail substantial alterations to prevent residents from becoming housebound.

3.14 Action: The Board agreed to sign-off the Better Care Fund Plan 2017-19.

The meeting ended at 15:35 hours.