

HEALTH AND WELLBEING BOARD			
Report Title	Better Care Fund		
Contributors	Whole System Model of Care Programme Lead	Item No.	3
Class	Part 1	Date:	6 September 2017
Strategic Context	Please see body of report		

## 1. Purpose

- 1.1 This report provides Members of the Health and Wellbeing Board with an overview of the Better Care Fund (BCF) plan for 2017-19.

## 2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are asked to:

- Sign off the Better Care Fund Plan 2017-19.

## 3. Strategic Context

- 3.1 The Health and Social Care Act 2012 requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

- 3.2 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.

- 3.3 The Government's Spending Review in November 2015 announced a requirement for all areas to have a plan for integration between social care and health by 2017, to be implemented by 2020.

- 3.4 The Better Care Fund (BCF) is a joint health and social care integration fund managed by Lewisham Council and Lewisham Clinical Commissioning Group. The strategic framework is set out in the national BCF policy framework and planning guidance.

## 4. BCF Plan 2017-19

- 4.1 As in 2016/17 the BCF Plan has been developed by Lewisham Council and Lewisham 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).

4.2 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 circulated for the July Health and Wellbeing Board and is also detailed in sections 3.2-3.5 of the 2017-19 BCF Plan.

4.3 The 2017-19 Plan continues to fund activity in the following areas:

- Prevention and Early Action
- Community based care and the development of Neighbourhood Care Networks
- Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital.
- Estates and IMT

4.4 Further detail on the 2017-19 funded activity is included in section 5 of the plan.

## **5. Funding Contributions**

5.1 In 2016/17 the financial contribution to the BCF from the CCG was £20.164m, this has been increased in 2017/18 to £20.525m and in 2018/19 to £20.915m in accordance with the published CCG allocations. 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 BCF pooled budget for 2017/18 is £30.002m and £33.381m in 2018/19.

5.2 The financial contributions to the BCF have been agreed by the CCG and Council and agreed through the CCG's and Council's formal budget setting processes.

5.3 Further detail on the funding contributions can be found in section 6 of the Plan.

## **6. National Conditions**

6.1 The BCF Plan is required to demonstrate that the following national conditions have been met:

- Plans to be jointly agreed and signed off by the Health and Wellbeing Board;
- NHS contribution to adult social care is maintained in line with inflation;
- Agreement to invest in NHS commissioned out-of-hospital services; and
- Managing Transfers of Care.

6.2 In line with the Policy Framework the NHS contribution to adult social care has been maintained in line with inflation. In 2017/18 £8.519m and in 2018/19 £8.684m has been allocated to ensure adult social care continues to be protected.

6.3 The BCF Plan 2017/18 commits £10.128m and in 2018/19 £10.490m to NHS commissioned out-of-hospital services. Through the BCF, investment will be made in the following NHS Commissioned out-of hospital services. These include:

- Primary Care
- Community Based Falls Team
- Community Mental Health Services including enhanced community support for the dementia pathway, Home Treatment Team and Care Home Intervention Team
- Rapid Response Team
- Enablement Services

6.4 All partners are committed to reducing delayed transfers of care (DToC) for Lewisham residents. The system approach to reducing DToC in 2016/17 resulted in a continued decline in the number of days patients were delayed in hospital from Q2 onwards. To sustain and further improve patient flow and processes for discharge LHCP are working together to implement the High Impact Change Model for managing transfers of care. Lewisham's joint self-assessment and action plan for managing transfers of care is at annex D of the 2017-19 Plan.

6.5 Further detail on how the plan addresses the national conditions is in sections 7-11 of the Plan.

## **7. National Metrics**

7.1 The 2017-19 plan 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

7.2 During 2016/17 the targeted reduction in non-elective admissions was met. The planning figures for 2017/18 are based on a planning assumption of 1.7% unmitigated growth. Through the schemes identified in the BCF plan and wider WSMC Programme schemes these figures have been mitigated to around 2.4% reduction which reflects the NHS Lewisham CCG Operating Plan.

7.3 In setting the plan in relation to admissions to residential and care homes, consideration was given to the increasing demand that is being experienced for dementia placements which require complex support and the challenges faced in providing support for some users in the community. Our plan of 197 admissions in 2017/18 and 158 admissions in 2018/19 is based upon maintaining the previous performance in 2016/17 before reducing it further in 2018/19. This takes account of demographic growth, the growing acuity and age of people needing long term care and our work with Extra Care providers to explore more complex packages of care at home.

7.4 Our plan for enablement is to maintain the excellent performance achieved in recent years. The plan for 2017/18 and 2018/19 is to keep 90% of people age 65 and over at home 91 days after discharge from hospital. This remains a challenging target given the complex needs of patients upon discharge from hospital.

7.5 In setting the plan for DToC, consideration was given to improved performance over the course of 2016/17, partly a result of the impact of BCF initiatives, and our plan for implementing the high impact change model for managing transfers

of care. The plan set meets the Government's expectations for reducing DToCs published on 3 July 2017.

- 7.6 Further information on the performance against the national metrics in 2016/17 and plans for 2017-19 is included in sections 3.6 and 12 of the Plan.

## **8. Governance**

- 8.1 The BCF arrangements are underpinned by pooled funding arrangements with a section 75 agreement. A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partner.

- 8.2 The Section 75 Agreement Management Group (Adults) oversaw the 2016/17 BCF Plan and will also oversee the 2017-2019 BCF Plan and expenditure.

- 8.3 Further information on the governance arrangements is included in section 13 of the plan.

## **9. Financial Implications**

- 9.1 There are no financial implications arising from this report. Monitoring of the activity supported by Better Care Funding continues to be undertaken by the Section 75 Agreement Management Group (Adults).

## **10. Legal implications**

- 10.1 As part of their statutory functions, Members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

- 10.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

## **11. Crime and Disorder Implications**

- 11.1 There are no specific crime and disorder implications arising from this report or its recommendations.

## **12. Equalities Implications**

- 12.1 Tackling inequalities in health is one of the overarching purposes of integration. Each redesign or new service funded by the BCF has regard to the need to reduce inequalities in access to care and outcomes of care. An equalities assessment/analysis is undertaken as part of the development of proposals and

business cases to assess the impact of the new services on different communities and groups. Further detail on how the plan contributes to reducing health inequalities is outlined in sections 13.5-13.6.

### **13. Environmental Implications**

- 13.1 There are no specific environmental implications arising from this report or its recommendations.

### **14. Conclusion**

- 14.1 This report provides an overview of the Better Care Fund 2017-19 Plan and invites members to sign off the Plan prior to the Plan being submitted for assurance on 11 September 2017.
- 14.2 If you have problems opening or printing any embedded links in this document, please contact [stewart.snellgrove@lewisham.gov.uk](mailto:stewart.snellgrove@lewisham.gov.uk) (Phone: 020 8314 9308)
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